

Case Number:	CM13-0062810		
Date Assigned:	12/30/2013	Date of Injury:	09/05/2012
Decision Date:	04/11/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and groin pain reportedly associated with an industrial injury of September 5, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; sleep aids; prior lumbar diskectomy and laminectomy surgeries in July 2013; and extensive periods of time off of work, on total temporary disability. In a utilization review report of December 5, 2013, the claims administrator approved a follow-up visit while denying a lumbar support. The applicant's attorney subsequently appealed. On September 23, 2013, the applicant was described as having persistent low back pain issues. The applicant is off of work, on total temporary disability, and has persistent low back pain radiating to the legs. The applicant is on Norco, Restoril, and Relafen. A repeat lumbar MRI is sought while the applicant was again placed off of work, on total temporary disability. On August 27, 2013, the applicant was again asked to remain off of work, on total temporary disability while pursuing additional physical therapy. On October 22, 2013, the attending provider again placed the applicant off of work, on total temporary disability, and asked him to add Effexor and Zanaflex to his medication regimen. An epidural injection was also sought. On November 20, 2013, the attending provider again placed the applicant off of work, on total temporary disability for an additional one month while asking him to employ a lumbar support to correct his posture and relieve pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

REQUEST FOR ONE (1) LSO LUMBAR BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, however, the applicant was over a year removed from the date of injury on November 28, 2013, the date when a lumbar support was sought. The applicant was well outside of the acute phase of the injury as of the date the lumbar support was sought. Usage of the lumbar support is not indicated as of that time, going forward, per ACOEM. Therefore, the request remains not certified, on Independent Medical Review.