

Case Number:	CM14-0102041		
Date Assigned:	07/30/2014	Date of Injury:	10/12/1999
Decision Date:	10/02/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/02/2014

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 represented [REDACTED] who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 12, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; opioid therapy; and muscle relaxants. In a Utilization Review Report dated June 26, 2014, the claims administrator denied a request for lumbar support, citing non-MTUS Third Edition ACOEM Guidelines, which it is mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. In a medical legal evaluation of April 23, 2014, the applicant was described as having persistent complaints of low back pain. The medical legal evaluator noted that the applicant had completed a pain management program. The medical legal evaluator suggested continued conservative care. In a progress note dated May 19, 2014, the applicant reported persistent complaints of low back pain. A lumbar support, Norco, Kadian, Soma, Silenor and Ambien were endorsed. The applicant did not appear to be formerly working, although it was suggested that the applicant was helping her sister's kayak rental business and wedding service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Brace (LSO- Lumbosacral Orthosis Brace): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, lumbar supports are not recommended outside of the acute phase of symptoms relief. In this case, the applicant is, quite clearly, well outside of the acute phase of symptoms relief following an industrial injury of October 12, 1999, provision and/or ongoing usage of lumbar support is not indicated at this late date, per ACOEM. Therefore, the request is not medically necessary.