

Case Number:	CM14-0110478		
Date Assigned:	09/16/2014	Date of Injury:	10/03/2013
Decision Date:	12/15/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/15/2014

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 claimant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 3, 2013. In a Utilization Review Report dated July 9, 2014, the claims administrator denied a request for 'lumbar bolster pad,' invoking non-MTUS ODG Guidelines exclusively in its denial. The claims administrator suggested that it was interpreting the request as a lumbar support of some kind. The applicant's attorney subsequently appealed. In a progress note dated May 29, 2014, the applicant reported ongoing complaints of low back pain, ankle pain, foot pain, knee pain, and leg pain. It was suggested that the applicant was working 24 hours weekly. The applicant was having difficulty walking and was apparently using an electrical car. The attending provider stated that he was requesting a hot and cold wrap, back brace, knee brace, and TENS unit. Norflex, Neurontin, tramadol, Desyrel, and Flexeril were endorsed, along with laboratory testing. The applicant was asked to continue working. In an April 26, 2014 medical-legal evaluation, it was noted that the applicant was no longer working at [REDACTED], but had found alternate work elsewhere.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Bolster Pad (Back Support): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back

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 have not been shown to have any benefit outside of the acute phase of symptom relief. Here, the applicant is, quite clearly, well outside of the acute phase of symptom relief, following an industrial injury of October 3, 2013. Introduction and/or ongoing usage of a lumbar support is not indicated at this late stage in the course of the claim. Therefore, the request is not medically necessary.