

Case Number:	CM14-0112125		
Date Assigned:	09/22/2014	Date of Injury:	04/04/1994
Decision Date:	10/27/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/18/2014

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 a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 4, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; earlier lumbar fusion surgery; and extensive periods of time off of work. In a Utilization Review Report dated July 10, 2014, the claims administrator denied a request for a lumbar support. Non-MTUS ODG guidelines were invoked along with MTUS guidelines. The applicant's attorney subsequently appealed. In an April 3, 2013 progress note, the applicant was given a diagnosis of nonunion lumbar fracture at L5-S1. A lumbar support was reportedly subsequently sought through a request for authorization form dated June 18, 2014. In a progress note of the same date, the applicant was described as having severe complaints of low back pain radiating to the left leg. The applicant was using electric wheelchair to move about. Spinal cord stimulator was sought. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic

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. In this case, the applicant is, quite clearly, well outside of the acute phase of symptom relief following an industrial injury of April 4, 1994. Provision and/or ongoing usage of a lumbar support is not indicated at this late date. Therefore, the request is not medically necessary.