

Case Number:	CM14-0153468		
Date Assigned:	09/23/2014	Date of Injury:	05/16/2014
Decision Date:	11/24/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/19/2014

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 May 16, 2014. Thus far, the applicant has been treated with analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated September 10, 2014, the claims administrator denied a request for a back brace, invoking non-MTUS ODG guidelines in its denial. The claims administrator incorrectly stated that MTUS does not address the topic. In an August 28, 2014 progress note, the applicant reported persistent complaints of low back and neck pain. Ativan was endorsed. A 30-pound lifting limitation was endorsed. The attending provider suggested that the applicant was not working with said limitation in place. In an earlier note dated August 12, 2014, the applicant was given prescriptions for Naprosyn and Norflex. A lumbar support was reportedly requested via a request for authorization (RFA) form dated September 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 back brace: 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-Lumbar and Thoracic (Acute and Chronic), Lumbar Supports

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, the applicant is, well outside of the acute phase of symptom relief following an industrial injury of May 16, 2014, as of the date the lumbar support was sought, September 3, 2014. Introduction and/or ongoing usage of a lumbar support is not indicated in the subacute to subchronic pain context reportedly present here, per ACOEM. Therefore, the request is not medically necessary.