

Case Number:	CM14-0153785		
Date Assigned:	09/23/2014	Date of Injury:	08/30/2012
Decision Date:	10/31/2014	UR Denial Date:	09/12/2014
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 August 30, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and work restrictions. In a utilization review report dated September 12, 2014, the claims administrator approved a cervical pillow while denying a lumbar brace. The claims administrator invoked non-MTUS 2008 ACOEM Guidelines and non-MTUS ODG Guidelines to deny the lumbar brace, despite the fact that the MTUS addresses the topic. The article at issue appeared to have been requested via a request for authorization (RFA) form dated July 22, 2014, which did not appear to have been incorporated into the independent medical review (IMR) packet. The applicant's attorney subsequently appealed. In a September 4, 2014, progress note, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities with derivative complaints of anxiety, insomnia, and psychological stress. The applicant was returned to regular duty work "to tolerance." Electrodiagnostic testing was sought while medications were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

L/S Brace with narrow trunk: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): page 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, quite clearly, well outside of the acute phase of symptom relief following an industrial injury of August 30, 2012. Introduction and/or ongoing usage of a lumbar support is not indicated at this late date, per ACOEM. While it is acknowledged that the July 22, 2014, progress note in which the articles at issue were seemingly sought does not appear to have been incorporated into the independent medical review packet, the information which is on file, however, fails to substantiate the request. Therefore, the request is not medically necessary.