

Case Number:	CM14-0154225		
Date Assigned:	09/23/2014	Date of Injury:	08/25/2011
Decision Date:	11/13/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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 and left shoulder pain reportedly associated with an industrial injury of August 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy. In a Utilization Review Report dated September 3, 2014, the claims administrator denied a request for a lumbar support. The applicant's attorney subsequently appealed. In a handwritten note dated June 11, 2014, the applicant reported persistent complaints of shoulder pain. It was stated that the applicant had an irreparable rotator cuff tear. The applicant's work status was not clearly stated. On May 14, 2014, the applicant was again placed off of work, on total temporary disability, while diathermy and acupuncture were sought. Tramadol and Motrin were renewed. MRI imaging of the thoracic spine and knee were endorsed. Epidural steroid injection therapy and lumbar support were apparently sought via an RFA form dated August 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase of L0637 lumbar support Orfthesis for low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 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 25, 2011. Introduction and/or ongoing usage of a lumbar support is not indicated at this late stage in the life of the claim, per ACOEM. Therefore, the request is not medically necessary.