

Case Number:	CM14-0157526		
Date Assigned:	10/29/2014	Date of Injury:	02/25/2005
Decision Date:	12/05/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/25/2014

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 bus operator who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 25, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; home health services; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated September 9, 2014, the claims administrator denied a Quick Draw lumbar support/sacral support, conditionally denied home health care assistance, and conditionally denied Norco. The applicant's attorney subsequently appealed. In a progress note dated August 4, 2014, handwritten, difficult to follow, not entirely legible, the applicant was not working, it was acknowledged, with previously imposed permanent work restrictions. The attending provider stated that he wished for the applicant's home health services to continue indefinitely. The applicant was given replacement knee braces while Norco and Prilosec were renewed. Authorization was sought for a Quick Draw back support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quick-draw support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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, quite clearly, well outside of the acute phase of symptom relief following an industrial injury of February 25, 2005. Introduction and/or ongoing usage of a lumbar support/Quick Draw support is not indicated in the chronic pain context present here, per ACOEM. Therefore, the request is not medically necessary.