

Case Number:	CM14-0161929		
Date Assigned:	10/07/2014	Date of Injury:	09/13/2007
Decision Date:	11/10/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/02/2014

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 September 13, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier knee surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 11, 2014, the claims administrator denied a request for a lumbar support. The applicant's attorney subsequently appealed. In a progress note dated November 7, 2013, the applicant was asked to continue using an ankle support, continue a weight loss program, continue acupuncture, and employ Ambien, tramadol, and Motrin for pain relief. The applicant did appear to be working with permanent limitations in place. The lumbar support at issue was apparently sought on a progress note of July 30, 2014. On that date, a knee brace, acupuncture, massage therapy, aquatic therapy, Ambien, a weight loss program, and several topical compounded medications were sought. The applicant was given a Toradol injection in the clinic setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

LOS back brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 138-139.

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 was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, July 30, 2014. Introduction and/or ongoing usage of a lumbar support were/are not indicated at this late stage in the life of the claim. Therefore, the request is not medically necessary.