

Case Number:	CM14-0162198		
Date Assigned:	10/07/2014	Date of Injury:	07/20/2004
Decision Date:	11/10/2014	UR Denial Date:	09/03/2014
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 July 20, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; opioid therapy; a TENS unit; sleep aids; transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restrictions through a medical-legal evaluation. In a September 3, 2014 progress note, the claims administrator approved a request for laboratory testing while denying a lumbar support. The applicant's attorney subsequently appealed. In a January 14, 2014 progress note, the applicant was asked to continue Vicodin, Naprosyn, Soma, Nizatidine, Ambien, a TENS unit, home exercises, and permanent work restrictions. The applicant did not appear to be working with said permanent limitations in place. A lumbar support was apparently sought via an August 19, 2014 progress note. At that point in time, the applicant reported heightened complaints of low back pain radiating to the leg. The applicant was also given refills of OxyContin, Naprosyn, Soma, Nizatidine, and Ambien. Continued usage of a TENS unit and laboratory testing were also endorsed.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 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 was, quite clearly, well outside of the acute phase of symptom relief following an industrial injury of July 20, 2004 as of the date of the request, August 19, 2014. Introduction and/or ongoing usage of a lumbar support was not indicated at this late stage in the life of the claim, per ACOEM. Therefore, the request is not medically necessary.