

Case Number:	CM14-0168999		
Date Assigned:	10/17/2014	Date of Injury:	04/01/2007
Decision Date:	11/24/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/13/2014

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 and fibromyalgia reportedly associated with an industrial injury of April 1, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated September 30, 2014, the claims administrator denied a lumbar support. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated June 25, 2011, it was acknowledged that the applicant was not working and was apparently receiving Social Security Disability Insurance (SSDI) benefits in addition to Workers' Compensation indemnity benefits. The bulk of the information on file comprised of historical Medical-legal Evaluation. It did not appear that the September 23, 2014 progress note and/or associated RFA form on which the back brace was sought was incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace: 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 was quite clearly, well outside of the acute phase of symptom relief following an industrial injury of April 1, 2007 as of the date the lumbar support was sought, September 23, 2014. Introduction and/or ongoing usage of a lumbar support were not indicated at this late stage in the life of the claim. Therefore, the request for Back Brace is not medically necessary and appropriate.