

Case Number:	CM14-0172233		
Date Assigned:	10/23/2014	Date of Injury:	11/30/2011
Decision Date:	12/02/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/17/2014

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 November 30, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and unspecified amounts of manipulative therapy. In a Utilization Review Report dated October 7, 2014, the claims administrator denied a request for a lumbar support. The applicant's attorney subsequently appealed. In a handwritten progress note dated September 22, 2014, the applicant reported ongoing complaints of low back pain, reportedly worsening, with an ancillary complaint of wrist pain. Chiropractic manipulative therapy and a lumbar support were endorsed. Motrin was prescribed. The applicant was returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar aspen quick draw brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

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 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 November 30, 2011 as of the date of the request, September 22, 2014. Introduction and/or ongoing usage of a lumbar support are not indicated in the chronic low back pain context present here, per ACOEM. Therefore, the request is not medically necessary.