

Case Number:	CM14-0183519		
Date Assigned:	11/10/2014	Date of Injury:	10/15/2010
Decision Date:	12/18/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/03/2014

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 October 15, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy surgery; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated October 29, 2014, the claims administrator denied a request for a lumbar support. The claims administrator stated that its decision was based on both ACOEM and ODG but did not incorporate either of set of guidelines into its rationale. The lumbar support was sought via a Request for Authorization (RFA) Form dated October 25, 2014, in which hot and cold units were sought along with the lumbar support at issue. No applicant-specific information or narrative commentary was attached to the RFA Form, which was endorsed through preprinted checkboxes. In an August 11, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant reported derivative complaints of difficulty sleeping. Facet joint injections, permanent work restrictions, Ambien, and 12 additional sessions of physical therapy were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Back Support Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Lumbar section: Lumbar Support

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. Here, the applicant is, quite clearly, well outside of the acute phase of symptom relief following an industrial injury of October 15, 2010. Introduction and/or ongoing usage of a lumbar support is not indicated at this late stage in the life of the claim. Therefore, the request is not medically necessary.