

Case Number:	CM14-0020321		
Date Assigned:	04/25/2014	Date of Injury:	10/28/2008
Decision Date:	07/07/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/18/2014

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] who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 28, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a TENS unit; psychotropic medications; sleep aids; electrodiagnostic testing of November 12, 2012, notable for lower extremity polyneuropathy; and a back brace. The applicant's case and care have been complicated by comorbid diabetes. In a Utilization Review Report dated February 18, 2014, the claims administrator retrospectively denied a lumbar support apparently dispensed on December 23, 2013, citing non-MTUS ODG Guidelines, although the MTUS did address the topic. The applicant's attorney subsequently appealed. In a February 17, 2014 progress note, the attending provider noted that the applicant was depressed. The applicant had chronic knee pain. The attending provider stated that he was appealing an earlier decision to deny knee surgery through the Independent Medical Review process. On December 23, 2013, it appears that the applicant was dispensed a TENS unit and a lumbar support. The bulk of the rationale focussed on the TENS unit request.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: BACK BRACE; 12/23/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 (AKA back braces) are not recommended outside of the acute phase of symptom relief. In this case, the applicant was clearly outside of the acute phase of symptom relief as of the date the lumbar support was dispensed, December 23, 2013, following an industrial injury of October 28, 2008. The applicant's low back issues were clearly chronic as of that point in time. Usage of lumbar support was not indicated. Therefore, the request was not medically necessary.