

Case Number:	CM14-0022268		
Date Assigned:	05/21/2014	Date of Injury:	04/29/2013
Decision Date:	07/11/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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 April 29, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; epidural steroid injection therapy; and unspecified amounts of physical therapy. In a Utilization Review Report dated February 7, 2014, the claims administrator denied a lumbar orthosis, citing both MTUS and non-MTUS guidelines. The applicant's attorney subsequently appealed. In an April 28, 2014 progress note, it was acknowledged that the applicant was not working and reported persistent 6/10 low back pain. The applicant last worked in August 2013, it was acknowledged. The applicant was given prescriptions for Norco and lumbar MRI imaging. The applicant was asked to cease smoking. The applicant was apparently kept off of work. The lumbar support in question was apparently appealed. On January 17, 2014, the applicant was again described as not having worked at that point in time. The applicant was using Mobic and Lyrica at that point. The attending provider complained that request for injection therapy had been denied. The applicant was described as obese with a BMI of 35. Mobic, lumbar support, and an epidural steroid injection were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBOSACRAL ORTHOSIS (LSO) BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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 be beneficial outside of the acute phase of symptom relief. In this case, the applicant was already several months removed from the date of injury as of the date the lumbar support was requested. The applicant was already outside of the acute phase of symptom relief as of the date of the Utilization Review Report, February 7, 2014, following an industrial injury of April 29, 2013. The attending provider did not furnish any compelling applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.