

Case Number:	CM14-0027855		
Date Assigned:	06/27/2014	Date of Injury:	08/09/2011
Decision Date:	07/31/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/05/2014

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 August 9, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; and unspecified amounts of physical therapy. In a utilization review report dated February 19, 2014, the claims administrator denied a request for spinal Q brace for the low back pain. The applicant's attorney subsequently appealed. The applicant did undergo an epidural injection on September 21, 2012. On April 9, 2014, the attending provider noted that the applicant was using Norco, Ambien, Naprosyn, Advil, Tylenol, omeprazole, Colace, and an H-wave unit. A repeat lumbar MRI was sought. The applicant's work status was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Spinal Q Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The MTUS/ACOEM Guidelines indicate that lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, the applicant is, quite clearly, outside of the acute phase of symptom relief following an industrial injury of August 9, 2011. Lumbar supports are not recommended in the chronic pain context present here, per the guidelines. Therefore, the request is not medically necessary.