MAXIMUS Federal Services

Case Number:	CM14-0027881		
Date Assigned:	06/16/2014	Date of Injury:	08/05/2003
Decision Date:	08/20/2014	UR Denial Date:	02/25/2014
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 [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 5, 2003.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; and earlier provision of a lumbar corset.In a utilization review report dated February 25, 2014, the claims administrator denied a request for a lumbar brace on the grounds that the applicant had previously been provided a brace.The applicant's attorney subsequently appealed.A January 30, 2014 progress note is notable for comments that the applicant had persistent complaints of low back pain and knee arthritis. The applicant was using Vicodin, Flexeril, Soma, and Terocin patches, it was acknowledged. The attending provider went on to complain that the claims administrator was unjustly denying treatment.It appears that lumbar support was requested via a handwritten request for authorization form dated March 5, 2014, without any attached progress note or applicant-specific information.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LUMBAR SUPPORT 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: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the applicant is, quite good, well outside of the acute phase of symptom relief following an industrial injury of August 5, 2013.No applicant-specific rationale, narrative commentary, or clinical progress note was attached to the request for authorization so as to offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.