

Case Number:	CM14-0028620		
Date Assigned:	06/16/2014	Date of Injury:	02/15/2009
Decision Date:	07/21/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	03/06/2014

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 and leg pain reportedly associated with an industrial injury of February 15, 2009. 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; and unspecified amounts of chiropractic manipulative therapy over the course of the claim. The applicant's case and care have apparently been complicated by comorbid cardiac issues, including atrial fibrillation. In a February 2, 2013 Utilization Review Report, the claims administrator denied a request for a lumbar support, stating that the applicant had previously received the same at an earlier point over the course of the claim. Both MTUS and non-MTUS Guidelines were cited, although the claims administrator did not incorporate either guideline into its rationale. The applicant's attorney subsequently appealed. In a September 11, 2013 progress note, the applicant presented with sharply increased low back pain. The applicant reported 4-9/10 pain and was limping. The applicant was using NSAIDs and Vicodin without relief. A lumbar support was endorsed. The applicant was instructed to wear the same 16 hours a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LUMBAR ORTHOSIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

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. In this case, the applicant is clearly outside of the acute phase of symptom relief following an industrial injury of February 15, 2009. Ongoing usage of a lumbar support is not indicated, per ACEOM. Therefore, the request is not medically necessary.