

Case Number:	CM14-0192517		
Date Assigned:	11/26/2014	Date of Injury:	11/02/2011
Decision Date:	01/28/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/18/2014

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 2, 2011. In a Utilization Review Report dated November 12, 2014, the claims administrator approved a 30-day TENS unit trial while denying a lumbar support brace. Non-MTUS ODG guidelines were invoked to deny the lumbar support, despite the fact that the MTUS addressed the topic. The claims administrator referenced an RFA form of November 7, 2014 and a progress note of November 6, 2014 at the top of its report. The applicant's attorney subsequently appealed. On September 9, 2014, the applicant reported ongoing complaints of low back pain. The applicant was using Motrin, Tylenol, and Zorvolex (diclofenac), it was stated in various sections of the note. It was stated that the applicant had been working full time and had continued to stay active performing household chores and walking around her neighborhood. On September 25, 2013, the applicant was described as severely obese, with a BMI of 51. The applicant reported issues with back spasms, dyspnea, deconditioning, and sleep disturbance. On September 10, 2014, the attending provider sought authorization for lumbar facet blocks. On September 13, 2014, the applicant reported persistent complaints of low back pain radiating to the right leg. The applicant was status post epidural steroid injection therapy, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

abdominal binder/lumbar support brace: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114. Decision based on Non-MTUS Citation ODG low back, lumbar supports

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

Decision rationale: As noted in 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 was/is, quite clearly, well outside of the acute phase of symptom relief following an industrial injury of November 3, 2011 as of the date of the request, November 7, 2014, and as of the date of the Utilization Review Report, November 13, 2014. Introduction and/or ongoing usage of a lumbar support/abdominal binder was/is not indicated at this late stage in the course of the claim. Therefore, the request is not medically necessary.