

Case Number:	CM14-0194694		
Date Assigned:	12/02/2014	Date of Injury:	06/14/2013
Decision Date:	01/20/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/20/2014

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 neck, bilateral shoulder, right knee, and low back pain reportedly associated with an industrial injury of June 14, 2013. In a Utilization Review Report dated November 17, 2014, the claims administrator denied a 'posture brace,' a form of lumbar support. The claims administrator invoked non-MTUS ODG Guidelines in its denial, despite the fact that the MTUS addresses the topic. The claims administrator also cited a November 10, 2014 progress note in its denial. The claims administrator noted that the applicant had a history of prior lumbar spine surgery and a history of prior cervical spine surgery. It was suggested that the applicant was working, however. The applicant's attorney subsequently appealed. In a November 20, 2014, progress note; the applicant reported ongoing complaints of right shoulder pain. The applicant was Tegretol and Prozac, it was acknowledged. Limited shoulder range of motion was noted. The applicant was working full duty. It was suggested that the applicant had responded favorably to recent shoulder corticosteroid injection. On November 10, 2014, it was again stated that the applicant was working regular duty. The attending provider suggested that the applicant employ a postural brace for the lumbar spine while attending physical therapy. Ongoing complaints of low back, neck, knee, shoulder, and hip pain were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment posture brace quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines

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

Decision rationale: Based on the attending provider's description of the article at issue, the request in question represents a form of lumbar support. However, the MTUS Guideline in ACOEM Chapter 12, page 301 notes that lumbar supports are not recommended outside of the acute phase of symptom relief. Here, the applicant was/is, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, November 10, 2014, following an industrial injury of June 14, 2013. Introduction and/or ongoing use of a lumbar support was/is not indicated at this late stage in the course of the claim. Therefore, the request is not medically necessary.