

Case Number:	CM14-0200674		
Date Assigned:	12/11/2014	Date of Injury:	11/27/2012
Decision Date:	02/03/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	12/01/2014

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 27, 2012. In a Utilization Review Report dated November 8, 2014, the claims administrator denied a lumbar support. The claims administrator referenced a July 24, 2014 consultation in its denial. The applicant's attorney subsequently appealed. In an October 16, 2014 progress note, the applicant reported persistent complaints of low back pain with associated radicular complaints. The attending provider stated that the applicant was pending a multilevel lumbar discectomy surgery. Postoperative cryotherapy, postoperative physical therapy, a TENS unit, Zofran, and a custom lumbar support brace were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cybetech L50 brace for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment 12th Edition (web), 2014; Low Back, Back Brace, Post-Operative (Fusion).

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

Decision rationale: No, the proposed custom lumbosacral brace/lumbar support for the lumbar spine is not medically necessary, medically appropriate, or indicated here. 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 was/is, quite clearly, well outside of the acute phase of symptom relief following an industrial injury of November 27, 2012. Usage of a lumbar support was/is not recommended at this late stage in the life of the claim. Therefore, the request is not medically necessary.