

Case Number:	CM14-0204077		
Date Assigned:	12/16/2014	Date of Injury:	07/06/2013
Decision Date:	02/11/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/05/2014

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 represented [REDACTED] employee who has a filed a claim for chronic low back pain reportedly associated with an industrial injury of July 6, 2013. In a Utilization Review Report dated November 14, 2014, the claims administrator denied a request for lumbar support, referenced in a September 9, 2014 progress note. The applicant's attorney subsequently appealed. In a November 24, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the left leg. Work restrictions, acupuncture, electrodiagnostic testing, and a pain management referral were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. In a September 9, 2014 progress note, the applicant reported persistent complaints of low back pain, exacerbated by standing and walking. The applicant was placed off of work, on total temporary disability. MRI imaging of lumbar spine was reportedly negative. Lumbar orthosis/lumbosacral brace, Naprosyn, and an unspecified topical anti-inflammatory medication were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Orthosis Brace Lumbosacral Spine: Upheld

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

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 support has not been shown to have any benefit outside of the acute phase of symptom relief. Here, the applicant was/is, quite clearly, well outside of the acute phase of symptom relief, following industrial injury of July 6, 2013, as of the date of the request, September 9, 2014. Introduction of lumbar support was/is not indicated, at this late stage in the course of the claim. Therefore, the request is not medically necessary.