

Case Number:	CM14-0205226		
Date Assigned:	12/17/2014	Date of Injury:	11/28/2008
Decision Date:	02/11/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/08/2014

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 28, 2008. In a Utilization Review Report dated November 20, 2014, the claims administrator denied a replacement lumbosacral orthosis (AKA lumbar brace). A progress note and RFA form dated November 11, 2014 were referenced in the rationale. The applicant had received unspecified amounts of manipulative therapy, the claims administrator incidentally noted. In a handwritten note dated September 20, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain, neck pain, and shoulder pain. The applicant was placed off of work, on total temporary disability. On September 24, 2014, the applicant again reported persistent complaints of low back and neck pain. Cervical discectomy and fusion surgery was sought. The applicant remained off of work, on total temporary disability, it was noted, throughout 2014, including on a work status report dated May 24, 2014. The applicant had also received multiple interventional spine procedure, including a lumbar facet injection on February 3, 2014 and lumbar radiofrequency ablation procedure on June 26, 2014. In a chiropractic progress note dated November 11, 2014, a replacement lumbar support was endorsed. The applicant reported progressively worsening low back pain. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replace LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Support
http://www.odgtwc.com/odgtwc/low_back.htm#lumbarsupports .

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

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date the replacement lumbar support was sought and/or dispensed, November 11, 2014. Selection and/or ongoing use of a lumbar support was not indicated at this late stage in the course of the claim. Therefore, the request is not medically necessary.