

Case Number:	CM14-0026433		
Date Assigned:	06/16/2014	Date of Injury:	12/12/2013
Decision Date:	02/18/2015	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 low back pain reportedly associated with an industrial injury of December 12, 2013. In a Utilization Review Report dated February 5, 2014, the claims administrator denied a request for a lumbar support. The claims administrator referenced a progress note dated December 16, 2013 in its determination. The date of injury, it was incidentally noted, appeared to be incongruously reported at various points in the file, including as December 12, 2013 and as February 4, 2013. The claims administrator stated that the applicant had been symptomatic for over a year and had alleged developing low back and neck pain secondary to cumulative trauma at work. The applicant's attorney subsequently appealed. The sole progress note on file dated October 24, 2013 is notable for comments that the applicant reported ongoing complaints of wrist and hand pain status post earlier carpal tunnel release surgery on June 24, 2013. The applicant was returned to regular duty work and apparently asked to employ Voltaren gel for pain relief. The documentation on file contained no mention of the need for the lumbar support at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

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 supports are not recommended outside of the acute phase of the symptoms relief. Here, per the claims administrator, the applicant had alleged longstanding complaints of low back pain secondary to cumulative trauma at work. The applicant, per the claims administrator, had been symptomatic for a span for several years before the stated date of injury. Introduction of a lumbar support, thus, was/is not indicated several years removed from the date of the onset of symptoms, per ACOEM. It is further noted that the December 16, 2013, progress note on which the article in question was sought was not incorporated into the Independent Medical Review packet. Therefore, the request is not medically necessary.