

<b>Case Number:</b>	CM14-0214148		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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 chronic low back pain reportedly associated with an industrial injury of October 10, 2011. In a utilization review report dated November 20, 2014, the claims administrator failed to approve a request for a lumbar support, referencing a progress note of October 15, 2014 and an appeal letter dated November 6, 2014. The applicant's attorney subsequently appealed. In said appeal letter of November 6, 2014, the treating provider suggested that the applicant employ a lumbar support to help control, aid, and relieve her low back pain complaints. In a handwritten note dated October 14, 2014, the applicant reported 6-10/10 low back pain. The applicant's usage of a TENS unit and medications were reportedly attenuating her pain complaints. The applicant was asked to discontinue tramadol and employ Norco for pain relief. Lumbar support was also sought. Work restrictions were also endorsed. It was suggested that the applicant was working with said limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lower back support - 1 unit for purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar Supports

**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 following an industrial injury of October 10, 2011, as of the date the lumbar support was sought, October 15, 2014. Introduction, selection, and/or ongoing usage of the lumbar support was not indicated at various stages in the course of the claim, per ACOEM. Therefore, the request for Lower back support is not medically necessary.