

Case Number:	CM14-0044562		
Date Assigned:	07/02/2014	Date of Injury:	06/15/2012
Decision Date:	11/30/2015	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/11/2014

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, New York, 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 65-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 15, 2012. In a Utilization Review report dated April 4, 2014, the claims administrator failed to approve a request for a specialized lumbar support apparently prescribed and/or dispensed on or around April 2, 2013. The applicant's attorney subsequently appealed. On April 24, 2014, the applicant reported ongoing complaints of low back pain, 8/10. The applicant was status post an earlier lumbar epidural steroid injection. His former employer has terminated the applicant, it was reported. On November 1, 2015, the applicant was given prescriptions for Neurontin and Duragesic for pain relief. A lumbar epidural steroid injection was sought. The applicant was apparently using a cane to move about; it was suggested at this point. The remainder of the file was surveyed. It did not appear that the April 2, 2013 office visit on which the article in question was sought was incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleeq AP enhanced profile sagittal control LSO back brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
 Decision based on Non-MTUS Citation ODG-TWC, Low back -Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: No, the request for a sleep AQ enhanced lumbar support/back brace was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Here, however, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, April 2, 2013, following an industrial injury of June 15, 2012. Introduction of a lumbar support was not indicated as of this stage in the course of the claim, per the MTUS Guideline in ACOEM Chapter 12, page 301. It did not appear, moreover, that said April 2, 2013 office visit had been incorporated into the IMR packet to potentially offset the unfavorable ACOEM position on the article in question. Therefore, the request was not medically necessary.