

Case Number:	CM15-0131526		
Date Assigned:	07/17/2015	Date of Injury:	02/02/2010
Decision Date:	08/17/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/07/2015

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 46-year-old who has filed a claim for chronic low back (LBP) reportedly associated with an industrial injury of February 2, 2010. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve a request for a back brace. The claims administrator referenced a June 24, 2015 RFA form and associated progress note of June 23, 2015 in its determination. The applicant's attorney subsequently appealed. On June 26, 2015, the applicant reported ongoing complaints of low back pain radiating to the lower extremities. The applicant had apparently been diagnosed with spondylolisthesis and has been asked to consider surgical intervention, it was reported. In one section of the note, it was stated that the applicant had went back to work, while the social history section of the note stated that the applicant was unemployed. The applicant was on Motrin and Norco for pain relief, it was reported. A back brace, lumbar MRI, and medications were suggested. The applicant was described as unemployed at the bottom of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: No, the request for a 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, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, June 23, 2015, following an industrial injury of February 2, 2010. Introduction, selection, and/or ongoing usage of the lumbar support were not indicated at this late stage in the course of the claim, per ACOEM. Therefore, the request was not medically necessary.