MAXIMUS Federal Services

Case Number:	CM15-0182865		
Date Assigned:	09/23/2015	Date of Injury:	09/23/2003
Decision Date:	11/06/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/17/2015

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 [redacted] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 23, 2003. In a utilization review report dated August 27, 2015, the claims administrator failed to approve a request for a lumbar brace apparently prescribed and/or dispensed on or around August 18, 2015. The applicant's attorney subsequently appealed. On August 18, 2015, the applicant reported ongoing complaints of low back pain, 2.5/10 to 6/10. The applicant was on Skelaxin, tramadol, Soma, and Norco, it was reported. The applicant exhibited a normal gait, without the aid of an assistive device. The applicant was returned to regular duty work. Drug testing was endorsed. The applicant was asked to employ a lumbar brace to wear while working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quinn sleeq- APL lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: No, the request for a lumbar brace (a.k.a. lumbar support) 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 beyond the acute phase of symptom relief as of the date of the request, August 18, 2015, following an industrial injury of September 23, 2003. Introduction, selection, and/or ongoing use of a lumbar support was not indicated as of this late stage in the course of the claim, per the MTUS Guideline in ACOEM Chapter 12, page 301. Therefore, the request was not medically necessary.