

Case Number:	CM15-0203288		
Date Assigned:	10/20/2015	Date of Injury:	12/15/2009
Decision Date:	12/04/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/15/2015

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 37-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 15, 2009. In a Utilization Review report dated September 29, 2015, the claims administrator failed to approve a request for a lumbar support. The claims administrator referenced a September 15, 2015 office visit and an associated September 23, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On said September 15, 2015 office visit, the applicant reported ongoing complaints of low back pain status post earlier failed cervical spine surgery. The applicant's ancillary issues include chronic neck pain, depression, sleep disturbance, obesity, bruxism, reflux, the treating provider reported. A lumbar support, Benicar-hydrochlorothiazide, Tramadol, Zanaflex, and Voltaren were renewed and/or continued. The applicant's pain complaints were described as intractable, the treating provider noted. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness.

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

Decision rationale: No, the request for 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, September 15, 2015, following an industrial injury of December 15, 2009. Introduction of the lumbar support at issue was not indicated at 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.