MAXIMUS Federal Services

Case Number:	CM15-0204301		
Date Assigned:	10/21/2015	Date of Injury:	09/03/1999
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/19/2015

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 represented [redacted] beneficiary who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of September 3, 1999. In a Utilization Review report dated September 25, 2015, the claims administrator failed to approve a request for lumbar support. The claims administrator referenced a September 18, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 18, 2015 office visit, handwritten, difficult to follow, not entirely legible, the applicant reported ongoing issues with chronic low back pain with some numbness and tingling about legs. The applicant was not working, it was acknowledged. Omeprazole, Neurontin, a TENS unit, and Pamelor were endorsed through preprinted checkboxes. The applicant was placed off of work, the treating provider reported. The note was very difficult to follow, not altogether legible. A back brace was seemingly sought, it was suggested toward 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 lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: No, the request for back brace (AKA 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 18, 2015, following an industrial injury of September 3, 1999. Introduction, selection, and/or ongoing usage of 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.