

Case Number:	CM15-0209656		
Date Assigned:	10/28/2015	Date of Injury:	09/14/2005
Decision Date:	12/14/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/26/2015

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] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 14, 2005. In a Utilization Review report dated October 13, 2015, the claims administrator failed to approve a request for a lumbar orthosis. The claims administrator referenced a September 15, 2015 office visit in its determination despite the fact that the MTUS addressed the topic, the claims administrator invoked non-MTUS ODG Guidelines exclusively in its determination. On December 16, 2015 office visit, the applicant reported ongoing complaints of neck and low back pain with ancillary complaints of reflux and constipation. The applicant had undergone earlier lumbar epidural steroid injection therapy and earlier cervical spine surgery, it was reported. The applicant was on Norco for pain relief, the treating provider acknowledged. The applicant was no longer working, was asked to remain off of work, on total temporary disability and had apparently not worked since 2005, it was reported. Multiple medications were renewed. The lumbar spine orthosis in question was prescribed and/or dispensed while a lumbar MRI, enalapril, Neurontin, Motrin, Protonix, Senna, tizanidine and tramadol were renewed and/or continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar orthosis: 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), Low Back, Lumbar Supports.

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

Decision rationale: No, the request for a lumbar orthosis (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 15, 2015, following an industrial injury of September 14, 2005. Introduction, selection, and/or ongoing usage 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.