

Case Number:	CM15-0047660		
Date Assigned:	03/19/2015	Date of Injury:	09/25/2013
Decision Date:	04/24/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/13/2015

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 61-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 23, 2013. In a Utilization Review Report dated March 12, 2015, the claims administrator failed to approve a request for lumbar support. The applicant's attorney subsequently appealed. In a February 18, 2015 progress note, the attending provider stated that the applicant had ongoing complaints of low back pain radiating to the left leg, exacerbated by lifting, bending, and walking. The attending provider stated that the applicant had a large disk herniation at L4-L5. The attending provider expressed displeasure that epidural steroid injection therapy and facet joint injections had previously been denied. The attending provider suggested that he might take the applicant off of work, on total temporary disability, until such time as the applicant's injections were approved. The applicant's medication list included Naprosyn, Flexeril, tramadol, topical compounded medications, Prevacid, Zestril, Restoril, and Voltaren gel. The applicant was overweight, with a BMI of 32. A lumbar support and various interventional spine procedures were endorsed. The applicant was given a 25-pound lifting limitation. It did appear that the applicant was working with said limitation in place as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO (lumbosacral) Back support, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Procedure Summary.

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

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 are not recommended outside of the acute phase of symptom relief. In this case, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, February 18, 2015, following an industrial injury of September 21, 2013. Introduction and/or ongoing usage of a lumbar support was not indicated at this late stage in the course of the claim. Therefore, the request was not medically necessary.