

<b>Case Number:</b>	CM15-0048416		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	09/01/2001
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 1, 2001. In a Utilization Review Report dated February 13, 2015, the claims administrator failed to approve a request for a lumbar support. Non-MTUS ODG Guidelines were invoked in the denial and, furthermore, mislabeled as originating from the MTUS. The claims administrator referenced an RFA form received on February 11, 2015 in its determination, along with various historical utilization review reports. The applicant's attorney subsequently appealed. The lumbar support in question was endorsed via an RFA form dated February 6, 2015. Little-to-no narrative commentary was attached. On a progress note of January 30, 2015, the applicant received multiple trigger point injections for ongoing complaints of low back pain, along with refills of Doral, Prilosec, Soma, Norco, OxyContin, and Cymbalta. It was stated that the applicant was considering an intrathecal pain pump following earlier failed lumbar spine surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: LSO Back Support (Purchase): 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 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. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, February 6, 2015, following an industrial injury of September 1, 2001. Introduction, selection, and/or ongoing usage of lumbar support were not indicated at this late stage in the course of the claim. Therefore, the request was not medically necessary.