

Case Number:	CM14-0121964		
Date Assigned:	09/23/2014	Date of Injury:	12/21/2013
Decision Date:	10/27/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] plumber who has filed a claim for low back pain reportedly associated with an industrial injury of December 21, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and unspecified amounts of manipulative therapy over the course of the claim. In a Utilization Review Report dated July 17, 2014, the claims administrator denied a request for a lumbar support, invoking a variety of MTUS and non-MTUS Guidelines, including both Second and Third Edition ACOEM Guidelines. The applicant's attorney subsequently appealed. It appears that the lumbar support at issue was sought via a handwritten Doctor's First Report (DFR) dated May 19, 2014, in which the applicant had apparently transferred care to a new primary treating provider (PTP) reporting ongoing complaints of low back pain, 6-8/10, constant. An eight-session trial of acupuncture and lumbar support were endorsed while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: Lumbar Spine Support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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: As noted in the MTUS-adopted ACOEM Guidelines in 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 on or around the date the lumbar support was requested, May 19, 2014, and on or around the date the Utilization Review denial was issued, July 17, 2014. Ongoing usage of a lumbar support was/is not indicated in the subacute to subchronic low back pain context present here. Therefore, the request for Durable Medical Equipment: Lumbar Spine Support is not medically necessary.