

Case Number:	CM14-0156798		
Date Assigned:	09/26/2014	Date of Injury:	08/27/2012
Decision Date:	10/31/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/24/2014

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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 27, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; transfer of care to and from various providers in various specialties; the imposition of permanent work restrictions through a medical-legal evaluation of August 6, 2014; and extensive periods of time off work. In a utilization review report dated September 8, 2014, the claims administrator denied a request for a lumbar support. Non-MTUS Third Edition ACOEM Guidelines and non-MTUS ODG Guidelines were placed at the bottom of the report; however, the claims administrator did not incorporate said guidelines into its rationale. The applicant's attorney subsequently appealed. In an August 6, 2014 medical-legal evaluation, it was acknowledged that the applicant was not working. Permanent work restrictions were imposed. On April 22, 2014, the applicant reported persistent complaints of low back pain. A sleep study and an internist's evaluation for reflux were sought while the applicant was placed off work, on total temporary disability. Medrox, a back support, Norflex, Prilosec, Norco, and Naprosyn were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of support / brace related to symptoms of lumbar spine injury: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Work Loss Data Institute, www.odg-twc.com; Section: Low Back

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 is well outside of the acute phase of symptom relief following an industrial injury of August 27, 2012. Introduction and/or ongoing usage of a lumbar support are not indicated at this late stage in the course of the claim. Therefore, the request is not medically necessary.