MAXIMUS Federal Services

Case Number:	CM14-0212422		
Date Assigned:	01/02/2015	Date of Injury:	10/01/2014
Decision Date:	02/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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, Ohio, 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 October 1, 2014. In a Utilization Review Report dated November 24, 2014, the claims administrator denied a lumbar support, apparently sought via a progress note and RFA form of October 27, 2014. The applicant's attorney subsequently appealed. In a progress note dated October 9, 2014, the applicant was returned to work with a rather proscriptive 5-pound lifting limitation. The applicant was using Naprosyn and tramadol as of that point in time. By November 24, 2014, the applicant transferred care to a new primary treating provider. The applicant received traction, therapeutic exercise, electrical stimulation, myofascial release therapy, and manipulative therapy on that date. A lumbar support, it is incidentally noted, was previously dispensed on October 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Low Back Brace: 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 (ODG) - Treatment in Workers' Compensation (TWC), Low Back Procedures Summary last updated 08/22/2014, Lumbar Support

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 symptoms relief. Here, the applicant was six weeks removed from the date of injury as of the date of the lumbar support in question was introduced, on October 27, 2014. The applicant was, thus, six weeks removed from the acute phase of symptom relief. It is further noted that another lumbar support was previously dispensed on October 1, 2014. It was not clear why a second lumbar support was subsequently dispensed. Therefore, the request was not medically necessary.