

Case Number:	CM14-0215954		
Date Assigned:	01/06/2015	Date of Injury:	04/12/2013
Decision Date:	03/03/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/23/2014

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 pain syndrome reportedly associated with an industrial injury of April 12, 2013. In a Utilization Review Report dated December 3, 2014, the claims administrator failed to approve a lumbar support. The claims administrator referenced a November 17, 2014, progress note in its determination. The applicant's attorney subsequently appealed. In a November 11, 2014 medical-legal evaluation, the applicant reported ongoing complaints of low back and right hand pain. The applicant was off of work, on total temporary disability, medical-legal evaluator noted. The applicant last worked in August 2013, it was suggested. In an October 13, 2014 progress note, the applicant was placed off of work, on total temporary disability, some two months removed from the earlier microdiscectomy procedure. The applicant is still having difficulty performing walking. The attending provider suggested that the applicant taped the back. Multiple progress notes on file suggested that the applicant had remained off of work throughout large portions of 2013 and all of 2014. The lumbar support at issue was reportedly requested on November 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: 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 on or around the date of the request, November 17, 2014, following an industrial injury of April 12, 2013. Introduction, selection, and/or ongoing usage of a lumbar support was not indicated at this late stage in the course of the claim, per ACOEM. Therefore, the request was not medically necessary.