

Case Number:	CM15-0116289		
Date Assigned:	06/24/2015	Date of Injury:	01/23/1998
Decision Date:	07/24/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/16/2015

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 62-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury January 23, 1998. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve a request for a custom lumbar support. The claims administrator referenced a RFA form of May 15, 2015 and an associated progress note of May 7, 2015 in its determination. In a handwritten progress note dated May 7, 2015, difficult to follow, not entirely legible, the applicant reported 6-9/10 low back pain complaints. The applicant was currently working, it was suggested. Physical therapy, custom lumbar support, and unspecified medications were endorsed. In an earlier note dated March 24, 2015, conversely, the applicant was placed off of work, on total temporary disability, for six weeks while Neurontin, Mobic, Pamelor, and omeprazole were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Custom Lumbar Sacral Orthosis (LSO) brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,301.

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

Decision rationale: No, the request for a custom 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 have not been shown to have any benefit 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, May 7, 2015, following an industrial injury of January 23, 1998. Introduction, selection, and/or ongoing usage of a lumbar support were not indicated at this late stage in the course of the claim, per ACOEM. Therefore, the request was not medically necessary.