

Case Number:	CM15-0063879		
Date Assigned:	04/09/2015	Date of Injury:	08/01/2014
Decision Date:	05/12/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/03/2015

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 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 1, 2014. In a Utilization Review report dated March 24, 2015, the claims administrator failed to approve a request for a lumbar support. The claims administrator referenced a February 11, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On December 24, 2014, 12 sessions of physical therapy were proposed. A pain management referral was endorsed. The applicant had alleged development of low back pain secondary to cumulative trauma at work, it was noted. Ancillary complaints of wrist pain were also evident, it was incidentally noted. A lumbar support was subsequently endorsed, although it did not appear that the February 11, 2015 progress note in which the article in question was proposed was incorporated into the Independent Medical Review packet, based on the medical evidence log provided by the claims administrator.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar spine back corset (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Braces.

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

Decision rationale: No, the request for a lumbar corset (AKA 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 lasting benefit outside of the acute phase of symptom relief. Here, quite clearly, the applicant was outside of the acute phase of symptom relief as of the February 11, 2015 progress note on which the lumbar support was endorsed following an industrial injury of August 1, 2014. While it is acknowledged that said progress note of February 11, 2015 was not incorporated into the Independent Medical Review packet, the historical information on file and unfavorable ACOEM position on long-term usage of lumbar supports, taken together, did not make a compelling case for introduction of the same. Therefore, the request was not medically necessary.