

<b>Case Number:</b>	CM15-0070031		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	12/12/2011
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 53-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of December 12, 2011. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve a lumbar support. The claims administrator did, however, approve a follow-up visit. The claims administrator referenced a December 15, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated March 16, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back and knee pain. The note was very difficult to follow and not altogether legible. Additional physical therapy was sought. In a December 15, 2014 RFA form; a replacement lumbar support was sought. In an associated progress note dated December 15, 2014, the applicant was placed off of work; on total temporary disability owing to ongoing complaints of 9/10 low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement of LSO back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** No, the request for a replacement 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, however, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, December 15, 2014, following an industrial injury of December 12, 2011. Introduction, selection, and/or ongoing usage of a lumbar support were not indicated at this stage in the course of the claim. Therefore, the request was not medically necessary.