

Case Number:	CM15-0078474		
Date Assigned:	04/29/2015	Date of Injury:	01/29/2015
Decision Date:	05/28/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/24/2015

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 63-year-old who has filed a claim for chronic low back and groin pain reportedly associated with an industrial injury of January 29, 2015. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve a request for a lumbar support. The claims administrator referenced a March 30, 2015 RFA form and associated progress note of March 11, 2015 in its determination. The applicant's attorney subsequently appealed. On March 11, 2015, the applicant apparently transferred care to a new primary treating provider, a pain management physician, reporting multifocal complaints of shoulder, low back, ankle, testicular, and groin pain. The applicant was off of work, on total temporary disability, it was acknowledged. The applicant had sustained several contusion injuries. The applicant was using tramadol and Relafen, it was reported. A rather proscriptive 10-pound lifting limitation was endorsed. It was suggested that the applicant was not working with said limitation in place. Tramadol, Relafen, and a drawstring lumbar corset/lumbar support were proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drawstring Lumbar Brace: Overturned

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

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

Decision rationale: Yes, the proposed drawstring lumbar corset (AKA lumbar support) was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any benefit beyond the acute phase of symptom relief. Here, however, the applicant was still in the acute phase of symptom relief on or around the date of the request, March 11, 2015. The applicant reported difficulty standing and walking on that date. The attending provider did state a lumbar support was being introduced for comfort purposes on that date. This was indicated, given the severe complaints of pain evident on or around the date in question. Therefore, the request was medically necessary.