

Case Number:	CM15-0098788		
Date Assigned:	06/01/2015	Date of Injury:	04/02/1990
Decision Date:	07/02/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/21/2015

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 (LBP) and neck pain reportedly associated with an industrial injury of April 20, 1990. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve a request for a lumbar support. The claims administrator referenced a progress note dated April 29, 2015 in its determination. Non-MTUS ODG Guidelines were invoked to deny the request, despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. On February 4, 2015, the applicant reported multifocal complaints of low back and neck pain with derivative complaints of anxiety and depression. 7-8/10 pain complaints were reported. The applicant is no longer working and has been deemed unemployed, the treating provider acknowledged. The applicant was asked to continue Norco, Lyrica, Cymbalta, and Lidoderm patches while remaining off of work, on total temporary disability. A handicapped placard and cane were endorsed. A lumbar support was apparently subsequently prescribed via a RFA form received on May 8, 2015.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, and back braces section.

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

Decision rationale: No, the request for a lumbar support/lumbar sacral orthosis/lumbar brace was not medically necessary, medically appropriate, or indicated here. 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 as of the date of the request was received from May 8, 2015, following an industrial injury of April 29, 1990. 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.