

Case Number:	CM15-0098862		
Date Assigned:	06/01/2015	Date of Injury:	05/25/2007
Decision Date:	07/02/2015	UR Denial Date:	04/21/2015
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 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 27, 2007. In a Utilization Review report dated April 21, 2015, the claims administrator failed to approve a request for a back brace (AKA lumbar support) and a firm mattress. The claims administrator referenced an April 13, 2015 RFA form and an associated progress note of February 3, 2015 in its determination. The applicant's attorney subsequently appealed. On February 3, 2015, the applicant reported ongoing complaints of low back pain status post earlier lumbar spine surgery. 3/10 pain complaints were noted. The applicant was not working, it was acknowledged. Physical therapy and lumbar support were endorsed. In a RFA form dated April 13, 2015, physical therapy, a back brace, and a firm mattress were endorsed, without much in the way of supporting rationale or supporting commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

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.

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

Decision rationale: No, the request for a back brace (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 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, April 13, 2015, following an industrial injury of May 27, 2007. Introduction, selection, and/or ongoing usage of a lumbar support is not indicated at this late stage in the course of the claim, per ACOEM. Therefore, the request was not medically necessary.

Firm mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic): Mattress selection (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed Chronic Pain, pg 8612. Recommendation: Specific Beds or Other Commercial Sleep Products for Chronic Pain Syndromes Specific beds or other commercial sleep products are not recommended for treatment of chronic pain syndromes. Strength of Evidence Not Recommended, Insufficient Evidence (I).

Decision rationale: Similarly, the request for a firm mattress is likewise not medically necessary, medically appropriate, or indicated here. The MTUS not address the topic of mattresses. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes on page 861 that specific beds or other commercial sleep products are not recommended in the treatment of any chronic pain syndrome. Here, little to no narrative commentary accompanied the April 13, 2015 RFA to potentially offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.