

Case Number:	CM15-0098869		
Date Assigned:	06/01/2015	Date of Injury:	07/29/2013
Decision Date:	07/02/2015	UR Denial Date:	05/13/2015
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 30-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 29, 2013. In a Utilization Review report dated May 13, 2015, the claims administrator failed to approve a back brace. The claims administrator referenced a RFA form of July 22, 2014 and a progress note of January 12, 2015, in its determination. The applicant's attorney subsequently appealed. In an April 6, 2015 progress, note the applicant reported ongoing complaints of low back pain. The applicant's work status was not explicitly detailed. In a progress note dated April 9, 2015, the applicant again reported ongoing complaints of low back pain with ancillary complaints of knee pain and sleep disturbance. The applicant was unchanged. The applicant was placed off work, on total temporary disability. An orthopedic mattress was sought. On January 12, 2015, the applicant was asked to remain off of work, on total temporary disability. Motrin, TENS unit, and a lumbar support were prescribed and/or continued.

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.

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, January 12, 2015 following an industrial injury of July 29, 2013. Introduction, selection and/or ongoing usage of a lumbar support were not indicated at this late stage in the course of the claim. Therefore, the request was not medically necessary.