

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	6/23/2011
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0008535

- 1) MAXIMUS Federal Services, Inc. has determined the request for a BetterBack seat support **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/9/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a BetterBack seat support **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is a Licensed Chiropractor and Licensed in Acupuncture and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

Patient is a 38 year old male who sustained an injury on 6/23/2011. He has ongoing significant low back pain and radiating leg pain. His sit tolerance is 10-15 minutes and standing tolerance is 30-45 minutes. He also has testicular pain. His condition is exacerbated with prolonged sitting, bending, twisting, and stopping. His primary diagnosis is lumbar disc displacement and depression with anxiety. The patient is released to return to work up to 4 hours a day as long as the work can make accommodations for him. There is a request for a Better Back Seat Support system which was recommended during the functional restoration program. This support was stated to have helped the patient improve posture, reduce pain and increase sitting tolerance. No specific measurements were reported. Past treatments have included PT, chiropractic, injections, surgery, functional restoration treatment, Home TENS use, and psychological treatment. His prior lumbar surgery consisted of a revision discectomy at L4-5 and L5-S1.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a BetterBack seat support:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Low Back Complaints Chapter 12, Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints Clinical Measure, which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back Complaints Chapter 12, pgs. 298, 301, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

ACOEM guidelines indicate lumbar supports are not recommended beyond the acute phase of care and are not shown to prevent injury. The employee is not in the acute phase of care. The request states that the support will reduce pressure on the employee's discs but cites no medical research or evidence to support that theory. The recommendation of the back support is from a functional restoration program documenting that helped the employee improve posture, reduce pain, and sit longer. However objective details are not documented. The guideline criteria have not been met. **The request for a BetterBack seat support is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ldh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.