

Case Number:	CM13-0008140		
Date Assigned:	12/27/2013	Date of Injury:	05/26/1982
Decision Date:	03/06/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical medicine, has a subspecialty in Pain Medicine, 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 75 year old with chronic back pain who uses a gain. Physical exam findings are noted and the patient has bilateral paraspinous muscle spasm with limited range of motion. The patient does not have any fracture or instability such as dynamic spondylolisthesis. 41 pages of documentaion were submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miami lumbar traction belt, 2XL (L0626): 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Occupational Medicine Practice Guidelines, pg. 9.

Decision rationale: The Occupational Practice Guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. In the absence of a vertebral compression fracture or dynamic spondylolisthesis, the use of a brace does not meet guidelines medical necessity. Thus, the request is not certified.

