

Case Number:	CM13-0016279		
Date Assigned:	10/11/2013	Date of Injury:	06/23/2011
Decision Date:	01/08/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/23/2013

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 Orthopedic Surgery 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 38-year-old gentleman who was injured on June 23, 2011 while installing a patio door resulting in an acute lifting injury and low back complaints. Recent clinical records for review include a progress report dated September 4, 2013 where the claimant was seen by [REDACTED] for continued complaints of testicular pain, sciatica and left leg numbness and weakness. Objective findings noted stiffness with walking, antalgic gait, limited lumbar range of motion and diminished sensation in an L4 through S1 dermatomal distribution. The claimant's working diagnosis at that time was of a lumbar disc displacement. The plan at that time was for intervention to include medication management and work restrictions. Reviewed was prior lumbar imaging from August 17, 2012 that showed disc desiccation at L3-4, L4-5 and L5-S1 with multilevel foraminal narrowing. Under review is a request for a lumbar seat support.

IMR ISSUES, DECISIONS AND RATIONALES

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

The Better Back seat support: 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): 300.

Decision rationale: California MTUS ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG indicate that lumbar supports are not indicated for prevention and are only indicated for treatment in the setting of spondylolisthesis, documented instability, postoperative care. The request for the Better Back seat support is not medically necessary and appropriate.