

Case Number:	CM13-0034835		
Date Assigned:	12/11/2013	Date of Injury:	09/25/2008
Decision Date:	02/07/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

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 Family Practice and is licensed to practice in Texas. 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 patient is a 46-year-old male who reported an injury on 09/25/2008. The patient has had ongoing treatment for chronic neck pain which radiates to the right upper extremity and low back pain with bilateral lower extremity radiation. The most recent clinical documentation is from 10/14/2013 which notes that the patient had tenderness bilaterally at T11-12 of the thoracic spine with spasms in the paraspinal musculature. The range of motion of the lumbar spine was moderately limited secondary to pain. The patient's pain was significantly increased with flexion and extension. The patient has been diagnosed with postlaminectomy syndrome in the thoracic spine and lumbar radiculopathy. According to the 09/18/2013 Pain Medicine re-evaluation sheet, it states that the patient was utilizing oral medications such as hydrocodone, trazodone, and Vicodin to treat his pain, as well as the topical analgesic Biofreeze. The physician is now requesting a BackJoy lumbar support.

IMR ISSUES, DECISIONS AND RATIONALES

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

BackJoy lumbar support: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: According to California MTUS/ACOEM, it states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In the case of this patient, he is in the chronic phase of his condition and there is no diagnosis of a fracture, listhesis, or instability within his lumbar spine. Furthermore, this patient is not recently postsurgical as his procedure was performed in 02/2009. Therefore, at this time the medical necessity for a lumbar support cannot be established. As such, the requested service is non-certified.