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| Case Number: | CM13-0037002 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 03/05/2002 |
| Decision Date: | 02/05/2014 | UR Denial Date: | 10/08/2013 |
| Priority: | Standard | Application Received: | 10/22/2013 |

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 57 year old male with date of injury 03/05/2002. The patient has diagnoses of adjacent segment disease, cervical radiculopathy, cervical facet syndrome, HNPs of the lumbar spine. Status post cervical fusion (Surgery date not provided). The patient complains of neck pain and low back pain with bilateral upper extremity and lower extremity symptoms. According to [REDACTED] report dated 07/10/2013, patient presents with tenderness upon palpation over the cervical and lumbar paraspinals. Decrease right C6 and left L5 dermatome to pinprick and light touch. The utilization review report dated 10/08/2013 recommends denial of the mesh back support, stating provider did not provide a clear rationale for the request. The provider is requesting a mesh back support.

IMR ISSUES, DECISIONS AND RATIONALES

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

mesh back 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): 301,308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The patient has chronic lower back pain and neck pain. The patient is status post cervical fusion (Surgery date not provided). The medical records totaling 693 pages do not include the provider's progress report making the request for a mesh back support. The ACOEM guidelines page 301 on lumbar bracing states "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The ODG guidelines have a more thorough discussion regarding lumbar supports. It is not indicated for prevention and for treatment, specific diagnoses are spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Given the recommendation against lumbar supports in ACOEM and a very-low quality evidence for non-specific LBP in ODG guidelines, recommendation is for denial.