

Case Number:	CM13-0038565		
Date Assigned:	12/18/2013	Date of Injury:	06/02/2008
Decision Date:	02/24/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/25/2013

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 Medicine, and is licensed to practice in Arizona. 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:

Patient is a 40 year old female with a DOI on 6/2/08. Patient has complaints of ongoing back and neck pain. Patient has the diagnoses of, s/p ACDF at C5-6 with right arm radiculopathy, status post L5-S1 anterior/posterior fusion with left leg radiculopathy. Medications have included, Norco, Naprosyn, Tizanidine, and most recently being treated with Soma and Tramadol. Other therapies include a TENS unit. Patient has subjective complaints of constant neck pain with radiation to bilateral extremities, and constant low back pain with radiation to bilateral extremities with numbness and tingling. Physical exam from visit that requested disputed items (8/13/13) demonstrates decreased cervical range of motion, with positive left Spurling's test. There was no weakness or sensory abnormality. There was no exam documented of the lower back or lower extremities. There was no documentation of any diagnostic imaging in the record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ring cushion purchase: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), KNEE/LEG, DME

Decision rationale: ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Furthermore, ODG guidelines indicate that durable medical equipment generally is not useful to a person in the absence of specific illness or injury. There was no clinical evidence provided that would support the addition of a sacral cushion at this point in her chronic treatment. Therefore the medical necessity of a sacral cushion is not established.

Kronos pneumatic back brace purchase: 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): 301.

Decision rationale: ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Furthermore the physical examination at the office visit when the device was requested does not document any lumbar findings. There was no clinical documentation submitted that demonstrated evidence of why a back brace would be efficacious for this patient at this point in her treatment. Since lumbar support is only indicated in the acute phase of injury or surgery, this patient does not qualify due to the chronic nature of her complaints. Therefore the medical necessity of a Kronos pneumatic back brace is not established.