

Case Number:	CM13-0041724		
Date Assigned:	12/20/2013	Date of Injury:	12/31/2004
Decision Date:	04/02/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 47 year old man with a date of injury of 12/3/104. At issue in this review is a mesh lumbar support. The worker was seen by his primary treating physician on 9/9/13 with complaints of neck and mid/low back pain and bilateral upper and lower extremity pain. He was attending acupuncture which was helpful for his headaches and was using terocin and medrox patches with good effect. On physical exam, he used a single point cane to ambulate. He could not heel or toe walk due to pain. He had tenderness to palpation in the cervical spine and upper thoracic musculature with limited range of motion of the cervical and lumbar spine. His motor exam was normal in his upper extremities and sensation intact. His shoulders were tender with good range of motion and a Spurling's created pain at the base of his neck bilaterally. His diagnoses included HNP C6-7 bilateral carpal tunnel and cubital tunnel syndrome, history of bilateral knee, left elbow and right shoulder surgery and degenerative disc disease with retrolithesis of C3-4 and C4-5. The treatment plan included a recommendation for a LSO which is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MESH LUMBAR SUPPORT SIZE XL: 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 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 301.

Decision rationale: This injured worker has complaints of neck and low-mid back and extremity pain. Per the MTUS, the use of back belts as lumbar support should be avoided as they have shown little or no benefit, thereby providing only a false sense of security. Additionally, Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. It is not clear the rationale from the records for a lumbar support brace at this point in his treatment with the injury occurring in 2004. The records do not substantiate the medical necessity for a mesh lumbar support.