

Case Number:	CM13-0066747		
Date Assigned:	01/03/2014	Date of Injury:	05/20/2013
Decision Date:	05/21/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 expert 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 was injured on 5/20/13. He is being treated for shoulder injury and low back pain. On 7/15/13, [REDACTED] documented subjective complaints of low back pain radiating down the lower extremities with numbness, tingling and decreased range of motion. The MRI of 7/2/13 showed degenerative disc disease with foraminal stenosis of the lumbar and cervical spine. The patient had completed physical therapy and home exercise program. The medications are listed as ibuprofen and Biofreeze gel. The patient have already returned to his sales job that involved prolonged sitting and driving.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE BACK SEAT SUPPORT BETWEEN 11/22/2013 AND 1/6/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines and the Medicare guidelines.

Decision rationale: The California MTUS and the ACOEM guidelines did not specifically address the use of back seat support for the treatment of low back pain. Back seat support is classified by Medicare as Durable Medical Equipment (DME). The guideline classifies DME as

equipment that can provide therapeutic benefit that would enable the patient to perform tasks they would not otherwise be able to accomplish without the equipment. The ACOEM guidelines do not recommend lumbar support for symptom relief beyond the acute injury phase because the support have not been shown to provide any lasting effects. This patient have already returned to full time work and is able to perform the tasks without the use of a lumbar support. The patient did not meet the guidelines for medical indication of a DME - lumbar support. As such, the request is not medically necessary.