MAXIMUS Federal Services

Case Number:	CM14-0003217		
Date Assigned:	01/31/2014	Date of Injury:	09/19/2012
Decision Date:	06/23/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational Medicine 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 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 has submitted a claim for upper back pain associated with an industrial injury date of September 19, 2012. Treatment to date has included medications, physical therapy, and chiropractic treatment. Medical records from 2013 were reviewed, which showed that the patient complained of upper back pain and tightness, rated 4/10, increased with movement and decreased with ice. On physical examination, there were myofascial trigger points in the iliopsoas, quadratus lumborum, gluteus medius, and superior trapezius muscles bilaterally. There was tenderness and tightness in the left pelvis and T2-7, T10, L1, L3, and L5 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PURCHASE FOR A LUMBAR SACRAL BELT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12

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

Decision rationale: According to page 301 of the ACOEM Practice Guidelines referenced by CA MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the patient's back complaints are of chronic nature and the

medical records failed to discuss the indication for a lumbar support despite guidelines showing that no lasting benefit beyond acute symptom relief is achieved with these devices. There is no clear indication for a lumbar support; therefore, the request for a lumbar sacral belt is not medically necessary.