

<b>Case Number:</b>	CM14-0108321		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/04/2000
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 48 year-old female was reportedly injured on August 4, 2000. The mechanism of injury is noted as a slip and fall type event. The most recent progress note, dated May 16, 2014, indicates that there are ongoing complaints of neck, left shoulder and low back pain. The physical examination demonstrated a decreased range of motion of the cervical spine low back, some muscle spasms and tenderness to palpation. Diagnostic imaging studies noted degenerative changes. Previous treatment includes physical therapy, injection therapies, multiple medications and conservative care a request had been made for a large Ring cushion and was not certified in the pre-authorization process on June 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Large Ring Cushion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: TWC Treatment Integrated Treatment/ Disability Duration Guidelines Hip and Pelvis (Acute and Chronic)(Updated 3/25/14)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** As noted in the ACM guidelines, such lumbar supports are not supported for acute, subacute or chronic situation. Therefore, when noting the findings of the physical examination tempered by the parameters identified in the guidelines there is little clinical data presented to support this request. This is not medically necessary.