

Case Number:	CM14-0011499		
Date Assigned:	02/21/2014	Date of Injury:	06/11/2013
Decision Date:	07/15/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/29/2014

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 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:

This is a 39-year-old male patient with a 6/11/13 date of injury. On 1/6/14 a progress report indicates persistent neck pain and mid and low back pain. There is coldness and tingling in the bilateral feet and difficulties walking. A Physical exam demonstrates limited lumbar range of motion and limited cervical range of motion. Current treatment has included acupuncture, medication, and activity modification. There is documentation of a previous adverse 1/15/14 determination for non-documented reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBOSACRAL SUPPORT FOR PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar Supports.

Decision rationale: The California MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief; however, Official Disability Guidelines states that lumbar supports are not recommended for prevention because there is

strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific lower back pain as a conservative option. However, the patient's complaints are chronic. There is no evidence of dynamic instability or a compression fracture. Therefore, the request for Lumbosacral Support for purchase is not medically necessary.