

Case Number:	CM14-0017611		
Date Assigned:	04/16/2014	Date of Injury:	06/14/2012
Decision Date:	06/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/12/2014

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, has a subspecialty in Preventive 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 is a 31 year old male with date of injury June 14, 2012. The medical record associated with the request for authorization, a primary treating physician's progress report, dated January 13, 2014, lists subjective complaints as worsening low back pain on the right. Pain in constant moderate to severe and radiates with numbness down both legs and feet. Objective findings: Examination of the lumbar spine revealed bilateral tenderness of the paraspinal muscles at L3-L5 and decreased range of motion. Sensory loss was note at the antero-lateral aspect of the legs and plantar feet. Diagnosis include lumbar spine strain/sprai; lumbar intervertebral disc (IVD) displacement without myelopathy and lumbosacral neuritis/radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MESH BACK SUPPORT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Lumbar Supports.

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

Decision rationale: According to the ACOEM Practice Guidelines lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Therefore, the request is not medically necessary.