

Case Number:	CM14-0123428		
Date Assigned:	08/08/2014	Date of Injury:	01/01/1994
Decision Date:	09/25/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/04/2014

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 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:

According to the records made available for review, the injured worker is a 62-year-old male with a 1/1/94 date of injury. At the time (6/16/14) of request for authorization for Exos Form 631 for the lumbar spine - Purchase, there is documentation of subjective (neck pain, upper back pain, and low back pain) and objective (tenderness to palpation over the lumbar spine with spasm and trigger points) findings, current diagnoses (lower back pain, muscle spasm, and chronic pain), and treatment to date (medications). There is no documentation of compression fractures, spondylolisthesis, or documented instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exos Form 631 for the lumbar spine - Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Lumbar SupportOther Medical Treatment Guideline or Medical Evidence:(<http://www.djoglobal.com/products/exos/exos-form-631>).

Decision rationale: An online search identifies that the Exos FORM 631 is a lumbar support that provides a higher degree of spinal support and relief from a wide range of indications from acute lower back pain to post-operative support. MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. ODG identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. Within the medical information available for review, there is documentation of diagnoses of lower back pain, muscle spasm, and chronic pain. However, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for Exos Form 631 for the lumbar spine - Purchase is not medically necessary.