

Case Number:	CM14-0136926		
Date Assigned:	09/03/2014	Date of Injury:	05/19/2000
Decision Date:	09/24/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/25/2014

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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 37 year old female with an original industrial injury on 5/19/2000. The patient's diagnoses include chronic low back pain, neck pain, and headache. The mechanism of injury was a motor vehicle accident. The patient's treatment has included anti-inflammatories, muscle relaxants, and narcotic pain medications. The patient has also had trigger point injections. The disputed request for a cushioned back support. This was denied in the utilization review process on the grounds that ACOEM guidelines do not recommend back supports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown cushioned back support: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: ACOEM Chapter 12 on page 301 states: "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The injured worker in this case clearly is in the chronic phase of pain. Other guidelines such as the Official Disability Guidelines do not have provisions for cushioned lumbar supports. There is a lack of

peer reviewed literature to support a cushion back support. Given this, this request is not medically necessary.