

Case Number:	CM14-0170973		
Date Assigned:	10/23/2014	Date of Injury:	12/26/2003
Decision Date:	12/12/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/16/2014

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 Internal Medicine and is licensed to practice in New York. 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 36 year old male with a date of injury of 12/26/2003. He has a listed diagnosis of back pain. On 10/04/2011 he had low back pain. He was taking Seroquel and marijuana (medical). He used a cane when walking because of left knee pain. He was status post lumbar spine fusion. He also has a history of alcoholism noted on 05/20/2007. On 08/20/2014 he had decreased lumbar range of motion. Reflexes and motor strength were normal. Straight leg raising was negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral support replacement: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-316. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low Back, Lumbar Support.

Decision rationale: MTUS, ACOEM Chapter 12 Lumbar Complaints does not mention a lumbar support as a recommended treatment. ODG 2014, Low Back, Lumbar Support notes the following: Not recommended for prevention. Recommended as an option for treatment.

Indications include: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). There is no documentation of spondylolisthesis, compression fractures and the lumbar support is not indicated to prevent low back pain. It is not indicated for non-specific low back pain. Therefore the request is not medically necessary.