

Case Number:	CM14-0176398		
Date Assigned:	10/29/2014	Date of Injury:	01/23/2006
Decision Date:	12/05/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/24/2014

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 Emergency 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 58 year-old male, who sustained an injury on January 23, 2006. The mechanism of injury is not noted. Diagnostics have included: December 20, 2009 Lumbar MRI reported as showing L5-S1 disc protrusion. Treatments have included: medications. The current diagnoses are: lumbar disc displacement, lumbago, depression, psychogenic pain. The stated purpose of the request for Lumbar/back support for car was due to his old support was worn out. The request for Lumbar/back support for car was denied on October 22, 2014, citing a lack of documentation of medical necessity. Per the report dated October 7, 2014, the treating physician noted complaints of low back pain. Exam findings included normal muscle tone, normal muscle strength, normal sensation, negative straight leg raising test, lumbar guarding and spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar/back support for car: Upheld

Claims Administrator 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

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 & Thoracic (Acute & Chronic), Lumbar Supports

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker has low back pain. The treating physician has documented normal muscle tone, normal muscle strength, normal sensation, negative straight leg raising test, lumbar guarding and spasm. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, Lumbar/back support for car is not medically necessary.