

<b>Case Number:</b>	CM14-0020439		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	09/28/2011
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] and has submitted a claim for low back pain associated with an industrial injury date of September 28, 2011. Treatment to date has included medications, physical therapy, acupuncture, chiropractic treatment, home exercise program, and TENS unit. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain. On physical examination of the lumbar spine, there was tenderness and spasm over the paravertebral muscles and lumbosacral joint as well as tenderness over the right sacroiliac joint and sciatic notch. Homan's sign was positive on the right. Range of motion was slightly limited. Utilization review from January 27, 2014 denied the request for 1 BACK DEFENDER SPECIAL. The rationale for determination was not included in the records for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 BACK DEFENDER SPECIAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** According to page 301 of the ACOEM Practice Guidelines referenced by CA MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the request for the Back Defender Special was made to remove the weight of the patient's duty belt off his lower back and decrease his symptoms and increase function. However, the medical records did not indicate a clear description of the nature of the Back Defender Special. The medical records also failed to cite relevant studies or evidences that support the use of this device. Therefore, the request for 1 back defender special is not medically necessary.