

Case Number:	CM14-0021029		
Date Assigned:	02/21/2014	Date of Injury:	05/31/2012
Decision Date:	06/24/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/08/2014

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 and is licensed to practice in New York and Texas. 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 48-year-old female who reported an injury to her low back. The previous utilization review dated 12/30/13 indicates the injured worker stating the initial injury occurred on 05/31/12. Radiating pain was identified from the low back into the lower extremities. Tenderness was identified upon palpation throughout the lumbar spine. There is an indication the injured worker has a significant psychological component with a history of a suicide attempt. The injured worker's past medical history is significant for a diagnosis of diabetes. The review resulted in denials for the use of a hydrotherapy belt and a chair back brace as no information was submitted regarding the injured worker's ongoing need for aquatic therapy. No high quality studies exist supporting the use of lumbar supports in preventing neck and back pain. The neurosurgical consultation dated 12/11/13 indicates the injured worker had an extensive history of low back pain since 2002. However, the injured worker did report a new injury on 05/31/12 when she was pulling a container full of water and ice resulting in low back pain. There is an indication the injured worker has previously undergone chiropractic manipulation as well as two injections to address the low back complaints. The note indicates the injured worker having undergone an MRI, which revealed a disc bulge at L5-S1 indenting on the L4-5 level. The clinical note dated 08/15/13 indicates the injured worker voicing no suicide ideation at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROTHERAPY BELT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment

Decision rationale: The request for a hydrotherapy belt is non-certified. The documentation indicates the injured worker complaining of low back pain with radiation of pain to the lower extremities. A hydrotherapy belt is indicated for injured workers undergoing aquatic therapy treatments. No information was submitted in the documentation confirming the injured worker's ongoing aquatic therapy. Therefore, it is unclear if the injured worker would benefit from the use of a hydrotherapy belt. As such, the request for a hydrotherapy belt is non-certified.

CHAIRBACK BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Low Back Chapter, Lumbar Supports.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar Supports.

Decision rationale: The request for a chair back brace is non-certified. The use of a lumbar support is typically recommended as part of the postoperative care following a fusion. Currently no studies exist supporting the use of lumbar supports in preventative maintenance for low back pain. Therefore, this request is not indicated.