

Case Number:	CM14-0037897		
Date Assigned:	06/25/2014	Date of Injury:	06/20/2013
Decision Date:	10/27/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/31/2014

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 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 injured worker is a 59 year old female with a date of injury of 6/20/2013. The primary treating physician's evaluation dated 8/26/2013 states that she fell at work on her buttocks and left elbow. Since then, she has been experiencing low back pain which is worse on the left than the right side. She is also experiencing left elbow pain. The injured worker underwent therapy which was not helpful. She has a history of bilateral kidney transplant and carpal tunnel syndrome. The physical examination showed decreased range of motion of the lumbar spine, negative straight leg raise bilaterally, tenderness to palpation of the lumbar spine paraspinal muscles, and full motor strength and symmetrical reflexes in the bilateral lower extremities. The magnetic resonance imaging of the lumbar spine performed on 7/25/2014 showed degenerative changes with moderate left lateral recess and neuroforaminal narrowing at L5-S1. There was also moderate narrowing of the lateral recesses and mild left neuroforaminal narrowing at L3-4. The impression included left elbow contusion and lumbar sprain/strain with degenerative disc and joint disease and neuroforaminal narrowing with complaint of radiculopathy. The recommendations included appropriate medications given the worker's history of kidney transplant, chiropractic care, and home exercise program. The injured worker has undergone chiropractic treatment for thoracic and lumbosacral subluxation as well as sacral subluxation. Per the prior review dated 3/6/2014, the primary treating physician was requesting a lumbar roll to be used by the injured worker when seated. The worker has been working full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Roll Cushion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/400_499/0456.html

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

Decision rationale: The injured worker has been experiencing low back pain since the date of injury on 6/20/2013. She has diagnoses of lumbar spine degenerative disc and joint disease and radiculopathy. She has undergone treatment with physical therapy and chiropractic treatment. A lumbar roll was requested by the injured worker's primary treating physician as an attempt to reduce the injured worker's low back pain when seated. However, per the American College of Occupational and Environmental Medicine guidelines, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Therefore, the requested service is not medically necessary.