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| <b>Case Number:</b>   | CM14-0048977 |                              |            |
| <b>Date Assigned:</b> | 07/02/2014   | <b>Date of Injury:</b>       | 06/28/2011 |
| <b>Decision Date:</b> | 08/01/2014   | <b>UR Denial Date:</b>       | 04/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/16/2014 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 a 41 year old with an injury date on 6/28/11. Based on the 2/5/14 progress report provided by [REDACTED] the diagnoses are Multiple HNPs of the cervical spine. (722.0) Facet arthropathy of the cervical spine. (716.98) Compression deformity T7. Facet arthropathy of the thoracic spine. Facet hypertrophy of the lumbar spine. (724.8) Exam on 2/5/14 showed "tenderness to palpation in lower lumbar facet regions, right greater than left. L-spine range of motion limited, especially extension at 5 degrees due to pain. Decreased sensation in C7 dermatome on right. Decreased sensation in L5 and S1 dermatomes on right." [REDACTED] is requesting 1 mesh back support. The utilization review determination being challenged is dated 4/4/14. [REDACTED] is the requesting provider, and he provided treatment reports from 9/19/13 to 3/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Mesh Back Support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 301 and on the Non-MTUS Official Disability Guidelines for lumbar support.

**Decision rationale:** This patient presents with worsening neck pain and lower back pain. The provider has asked for one mesh back support on 2/5/14. The 2/5/14 report states patient is already using a lumbar support. The patient has no history of lumbar surgeries. Regarding lumbar supports, Official Disability Guidelines do not recommend for prevention but allow as an option for treatment 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). In this case, patient presents with herniated discs and facet joint disorders, but none of the indications requiring lumbar support per ODG guidelines. In addition, patient already appears to be using a lumbar support, and so a mesh lumbar support would not be necessary. Therefore, the request is not medically necessary.