

Case Number:	CM14-0068362		
Date Assigned:	07/14/2014	Date of Injury:	09/30/2013
Decision Date:	09/12/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/13/2014

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 Geriatrics, and is licensed to practice in New York. 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 47 year old man with a date of injury of 9/30/13. He was seen by his physician on 2/19/14 with complaints of thoracic and lumbar spine pain with radiation to his shoulder and not his lower extremities. His inferential unit and medications were helpful and his functional status was said to be improved. He was receiving chiropractic treatment and physical therapy. A physical exam was said to be unchanged from the visit on 1/14/14. His diagnoses were thoracic and lumbar sprain/strain. At issue in this review is a lumbar support which was dispensed on 3-25-14.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Lumbar Support dispensed 03/25/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX. www.odg-twc.com; Section: Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 3/31/14)- Lumbar supports.

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

Decision rationale: This injured worker has complaints of low-mid back and shoulder pain. The use of lumbar supports should be avoided as they have shown little or no benefit, thereby providing only a false sense of security. Additionally, Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. It is not clear the rationale from the records for a lumbar support brace at this point in his treatment, especially with functional improvement and ongoing physical therapy and chiropractic treatment. The records do not substantiate the medical necessity for a lumbar support. Therefore, this request is not medically necessary.