

Case Number:	CM14-0173551		
Date Assigned:	10/27/2014	Date of Injury:	11/24/2008
Decision Date:	04/22/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 55 year old male who sustained an industrial injury on 11/24/2008. The initial reported of injury was not noted in the medical record. The injured worker was diagnosed as having thoracic sprain/strain; lumbar degenerative disc disease; lumbosacral or thoracic neuritis or radiculitis; and myofascial pain. Treatments to date have included: consultations; home exercise program; and medication management. Current complaints include continuous low and mid back pain, with burning sensation, with a 30% - 40% improvement of pain and function, on medication. The treatment plan included the requests for: a transcutaneous electrical stimulation unit patch; 6 acupuncture sessions for pain with burning; and lumbar support because he works full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar support: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9 and 298,301.

Decision rationale: Lumbar support is not medically necessary per the MTUS ACOEM Guidelines. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, the guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The documentation does not indicate any extenuating factors that would necessitate a lumbar support for this patient. The request for a lumbar support is not medically necessary.