

Case Number:	CM14-0191190		
Date Assigned:	11/25/2014	Date of Injury:	06/08/2000
Decision Date:	01/09/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Medicine and is licensed to practice in Florida. 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 an adult female with a date of injury of 6/8/2000. The exact mechanism of injury is not discussed. She has a diagnosis of chronic back pain. She also has the following additional diagnoses: Postoperative chronic pain, gastritis, and diabetes. The documentation that has been provided for review is very limited. A utilization review physician did not certify a request for a lumbar support with heel cups. This physician noted that he attempted to contact the requesting physician for additional information regarding why the lumbar support with heel cups are being requested, but was unable to speak with him. He states that the request was denied basic on "lack of information." Unfortunately, at this time, no additional information has been made available in the provided records since the prior determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Purchase of Lumbar Support and Heel Cups: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Pain Complaints Page(s): 301.

Decision rationale: California MTUS guidelines state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." This injured worker is well documented to have chronic pain. Also, no rationale is afforded in the provided documentation to explain why a lumbar support and heel cups are being requested. The request for a Lumbar Support with Heel Cups is not medically necessary.