

Case Number:	CM14-0205690		
Date Assigned:	12/17/2014	Date of Injury:	08/24/2004
Decision Date:	02/12/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/09/2014

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 Occupational Medicine 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:

Patient is a 59 year-old female with date of injury 08/24/2004. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/24/2014, lists subjective complaint as pain in the low back. Conservative treatments to date include medications, diagnostics, chiropractic therapy sessions, MRI, electrodiagnostic study, and a median branch block. Objective findings: Examination of the lumbar spine revealed tenderness across the lumbar paraspinal muscles with facet loading. No other physical examination findings were documented by the requesting physician. Diagnosis: 1. Discogenic lumbar condition with disc protrusion at L4-5 and L5-S1 with nerve studies being unremarkable 2. Mid back sprain with spasms 3. Inflammation on the second metatarsophalangeal joint on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar back support: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient's date of injury is August 2004, long past the acute phase. One lumbar back support is not medically necessary.

One back support insert: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The back support insert associated with the item above. One back support insert is not medically necessary.