

Case Number:	CM15-0189244		
Date Assigned:	10/01/2015	Date of Injury:	08/03/2000
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/25/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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:

This injured worker is a 60 year old female who reported an industrial injury on 8-3-2000. Her diagnoses, and or impressions, were noted to include lumbalgia. No imaging studies were noted. Her treatments were noted to include orthopedic-neurological evaluation; spinal percussion test; and physical therapy modality treatments. The SOAP notes of 8-14-2015 reported: improvement in overall pain, rated 4 out of 10, rating her overall health at a 6 out of 10, and that she had improvement in her lower back. The objective findings were noted to include: tenderness in the bilateral lumbar region, erector spinae, and quadratus regions; lumbosacral spinous tenderness; hypertonicity in the bilateral lumbar, erector spinae, quadratus lumborum and iliocostalis regions; myofascial trigger points in the bilateral erector spinae in the lumbar region; an increase in lumbar range-of-motion, with stated discomfort; that her overall condition was considered to be moderately improved since her last visit (8-12-15), which noted a lot of improvement; and that she completed her treatment with mild pain, a stated improvement from the previous visit on 8-12-2015 where she completed her treatment with moderate pain. The physician's requests for treatment were noted to include modifications to the treatment plan, which was not noted to include a lumbar belt. The Request for Authorization for a lumbar belt was not noted in the medial records provided. The Utilization Review of 8-25-2015 non-certified the request for a lumbar belt.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar belt: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, and Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Medical. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Lumbar supports.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, lumbar belt is not medically necessary. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Additionally, lumbar supports do not prevent low back pain. In this case, the injured worker's working diagnoses are lumbalgia. The date of injury is August 3, 2000. Request for authorization is August 24, 2015. The medical record contains 33 pages. The medical record contains multiple SOAP notes which are chiropractic adjustment notes according to a July 14, 2015 progress note, the injured worker has ongoing low back pain. There is no clinical discussion, indication or rationale for a lumbar belt. Lumbar supports are not recommended for prevention. Lumbar supports do not prevent low back pain. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Based on clinical information and medical record, peer-reviewed evidence-based guidelines, guideline non-recommendations for lumbar support in chronic conditions and no clinical discussion, indication or rationale for a lumbar belt, lumbar belt is not medically necessary.