MAXIMUS Federal Services

Case Number:	CM14-0198478		
Date Assigned:	12/08/2014	Date of Injury:	01/23/2006
Decision Date:	01/26/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	11/25/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 59-year-old male with an injury date of 01/23/2006. Based on the 07/30/2014 progress report, the patient complains of having low back pain with radiation along the posterior aspects of the lower extremities to the bottoms of the feet. His gait is antalgic with weight bearing favored on the right leg. The 09/08/2014 report indicates that the patient continues to have severe chronic intractable back pain with pain radiating into the left leg. He has mild tenderness to palpation over the left lower lumbar paraspinal muscles at approximately the L4-L5 levels. Spasm and guarding is noted on the lumbar spine. The 11/14/2014 states the patient continues to have persistent low back pain with intermittent leg pain. He has muscle spasms. No additional positive exam findings were provided. The 12/28/2009 MRI of the lumbar spine revealed a 3 to 4 left paracentral disk protrusion at L5-S1. This does cause mild neuroforaminal narrowing. The patient's diagnoses include the following:1. Lumbar disk displacement without myelopathy.2. Lumbago.3. Depression.4. Pain, psychogenic, NEC.5. Lumbar disk displacement without myelopathy.The utilization review determination being challenged is dated 11/24/2014. Treatment reports were provided from 06/23/2014 - 11/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Lumbar/Back Support for car, quantity 1: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, lumbar supports.

Decision rationale: According to the 11/14/2014 progress report, the patient presents with low back pain and intermittent leg pain. The request is for a lumbar/back support for car qty 1.ACOEM Guidelines page 301 on lumbar bracing state "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under its low back chapter, lumbar supports states "prevention: not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment, ODG further states, "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low - quality evidence, but maybe a conservative option)." The 11/14/2014 report states "this patient has using the lumbar support for his car/automobile in the past with benefit. He recalls this was very helpful. He was able to use it in his car and his chairs, and he states that this allowed him to sit with less pain. This has worn out and he requires a new one." However, ACOEM and ODG do not support lumbar support unless there is documented spondylolisthesis, instability, fracture, etc. For nonspecific back pain, only very low quality evidence is present. Therefore, the requested lumbar/back support for a car is not medically necessary.