

Case Number:	CM15-0067613		
Date Assigned:	04/15/2015	Date of Injury:	03/15/2013
Decision Date:	06/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/09/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old male, who sustained an industrial injury on 03/15/2013 reported lower back pain after lifting a box of lettuce and was diagnosed with lumbar strain. On provider visit dated 03/02/2015 the injured worker has reported pain across low back and pain along the sacroiliac joints bilaterally. On examination of the pain with facet loading and pain along facets at L3-S1. The diagnoses have included discogenic lumbar condition with facet inflammation. Treatment to date has included medication and MRI of lumbar spine. The provider requested Purchase of DME - Figure-of-eight shoulder bolster for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of DME - Figure-of-eight shoulder bolster for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The injured worker sustained a work related injury on 03/15/2013. The medical records provided indicate the diagnosis of discogenic lumbar condition with facet inflammation. Treatment to date has included medication. The medical records provided for review do not indicate a medical necessity for Figure-of-eight shoulder bolster for lumbar spine. The MTUS does not recommend the use of Lumbar support for treatment. The request is not medically necessary.