

Case Number:	CM13-0045811		
Date Assigned:	12/27/2013	Date of Injury:	12/22/2006
Decision Date:	12/11/2015	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/12/2013

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: Illinois

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 70-year-old female who reported an injury on 12/22/2006. The patient is diagnosed with cervical strain and sprain, lumbar strain and sprain with degenerative disc disease, mild right shoulder impingement syndrome, and chronic right lateral greater trochanteric bursitis. The patient was seen by [REDACTED] on 06/17/2013. The patient reported ongoing neck and lower back pain, as well as right thigh and groin pain. Physical examination revealed limited lumbar range of motion, positive spasm, negative straight leg raising, and tenderness at the SI joint. Treatment recommendations included an SI belt for sacroiliitis, and a lumbar support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Lumbar Cushion: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar Supports, Knee & Leg Chapter, Durable Medical Equipment.

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Official Disability Guidelines state lumbar supports are not recommended for prevention, but are recommended as an option for treatment. While it is noted that a lumbar cushion was requested to improve the patient's sitting posture, the patient's physical examination only revealed positive spasm with limited range of motion. The medical necessity for a lumbar cushion has not been established. Therefore, the request is not medically necessary.