

<b>Case Number:</b>	CM14-0155637		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	06/29/2013
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 57-year-old female with date of injury of 06/29/2013. The listed diagnoses per [REDACTED] from 08/06/2014 are: Lumbosacral sprain/strain, Muscle spasms and Phobia disorder. According to this report, the patient complains of lumbar spine pain. She rates her pain at 6/10. The pain is the same since her last visit. She continues to have radiating pain into the left leg. The pain is made better with rest and medication. She is currently utilizing medication and physical therapy for the lumbar spine. The patient is currently working. The examination of the lumbar spine revealed decreased range of motion. There was tenderness over the paraspinal muscles, right greater than left with hypertonicity over the right paraspinal muscles. Kemp's test was positive bilaterally. Muscle strength was 5/5 bilaterally at L4, L5, and S1. Sensation was normal 5/5 on the right at L4, L5, and S1, but decreased 4/5 on the left at L4 and L5 and normal 5/5 at S1. Deep tendon reflexes were 2+ patellar and Achilles tendons. The utilization review denied the request on 09/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar support/cushion for low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 143. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014, Low Back lumbar supports Treatment

**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) ODG Low Back Chapter on Lumbar Supports

**Decision rationale:** This patient presents with low back pain. The provider is requesting a lumbar support/cushion for the low back. The ACOEM Guidelines page 301 on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines regarding lumbar supports states, "not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain, very low quality evidence, but maybe a conservative option." The 06/26/2014 report notes, "Also, I would like to request authorization for a lumbar support or cushion for a chair as she does sit for long periods of time. She indicates she tried one that her coworker had and noted it did help reduce her low back pain; and, therefore, I would like to obtain this for her in an attempt to keep her working and prevent any worsening pain." In this case, while the patient reports benefit from utilizing a lumbar support or cushion for her chair, ODG Guidelines do not support its use for prevention or treatment of low back pain. Therefore, this request is not medically necessary.