

Case Number:	CM13-0016667		
Date Assigned:	01/15/2014	Date of Injury:	03/31/2003
Decision Date:	04/07/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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:

This 63-year-old female office technician reported neck, left shoulder, and low back injuries on 3/31/03 when she tripped on a computer cord and fell to the floor. The patient is status post five cervical surgeries including fusion from 2004 to 2011, and left shoulder subacromial decompression in 2008. Intermittent low back symptoms have been reported throughout the clinical course. A temporary flare-up of low back pain with radicular symptoms was documented following a motor vehicle accident in 2009. The January 2010 lumbar spine MRI documented degenerative disc disease at L3/4 and L4/5; electrodiagnostic studies were normal. Conservative treatment included activity restrictions, medications, physical therapy, chiropractic care, home exercise program, psychiatric treatment, and a TENS unit. Physical therapy was last reported in early 2012 for post-operative cervical spine care. The 6/17/13 treating physician report documented low back symptoms (secondary to mopping and vacuuming) which had incapacitated her for a couple of days. Exam findings noted slow speech, slow gait that was not particularly broad based, inability to stand on one foot, and markedly restricted cervical and lumbar range of motion. The diagnosis was thoracolumbar scoliosis, cervical disc injury with postlaminectomy syndrome, and myelopathy versus cerebrovascular accident sequelae. The treatment plan included home exercise, pain medications, home care for house cleaning, transportation for doctor visits, and follow-up in 6 weeks. The 7/30/13 request for a lumbar corset is under consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LUMBAR CORSET BETWEEN 7/30/13 AND 9/13/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar Supports Section.

Decision rationale: The request under consideration is for a lumbar corset. California Medical Treatment Utilization Schedule guidelines do not provide recommendations for lumbar bracing in chronic injuries. The Official Disability Guidelines (ODG) state that lumbar supports are not recommended for prevention. Lumbar supports are recommended as an option for the treatment of compression fracture, and specific treatment of spondylolisthesis, documented instability and non-specific low back pain (very low quality evidence, but may be a conservative option). The patient has been diagnosed with thoracolumbar scoliosis and MRI findings of degenerative disc disease at L3/4 and L4/5. There is no documentation that the patient has findings of instability to support the medical necessity of bracing as treatment for her lower back pain. The literature lacks high quality studies evidencing efficacy. Therefore, this request for a lumbar corset is not medically necessary.