

Case Number:	CM13-0026065		
Date Assigned:	11/22/2013	Date of Injury:	06/23/2012
Decision Date:	08/04/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/18/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 female with date of injury 6/23/2012. Per primary treating physician's progress report and request for authorization dated 10/11/2013, the injured worker complains of increased neck pain. She also complains of low back and bilateral hip pain, greater on the right, especially with prolonged standing and walking. She is not working. On examination there is cervical paraspinal muscle tenderness and bilateral trapezius muscle tenderness. There is tenderness about the insertion of the paraspinal muscles at the occiput. Range of motion is restricted. She can flex her neck to where her chin is within one fingerbreadth of her chest and extend to 25 degrees. There is lumbar paraspinal muscle tenderness, muscle spasm and guarding. Range of motion is restricted. She can flex to 30 degrees and extend to 15 degrees. The hamstrings are tight bilaterally. Deep tendon reflexes are 2+ bilateral and symmetrical. Diagnoses include cervical strain, L5 and S1 disc bulge with annular tear, thoracic strain, insomnia and sexual dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Corset.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requesting physician provided an appeal letter regarding utilization review denial, dated 10/9/2013. Citations were provided in regard to the use of lumbar corset, as a physical method to provide immobilization and restriction of spinal motion to reduce pain. The utilization review rationale was not provide for review, however the requesting physician summarized that the UR determined that guidelines do not recommend the use of lumbar corset to be clinically effective. UR also reportedly opined that the records do not provide an alternate rationale to support probable effectiveness. Per the California MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker complains of increased back and leg pain, but the clinical documents do not report an acute injury that may benefit from short term use of a lumbar support for symptom relief. The lumbar spine brace is being prescribed to improve comfort for reported moderate to severe and constant back pain, which has been corroborated by tenderness to palpation over the lumbar paraspinal muscles with mild spasm. Review of clinical reports by the requesting physician dating back to 8/10/2012 do not provide any clear evidence that her condition is worsened, or that she has had an acute flare up of her chronic back pain. The request for lumbar corset is determined to not be medically necessary.