

Case Number:	CM13-0036500		
Date Assigned:	12/13/2013	Date of Injury:	06/23/2012
Decision Date:	06/03/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine & Rehabilitation 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 an employee of [REDACTED] and has submitted a claim for cervical strain, thoracic strain and L5-S1 disc bulge with annular tear associated with an industrial injury date of July 23, 2012. Treatment to date has included oral analgesics and physical therapy. Medical records from 2013 were reviewed and showed increased complaints of neck pain as well as back and leg pain. Physical examination showed tenderness of the cervical paraspinal muscles and bilateral trapezius. Lumbar paraspinal tenderness was also noted with muscle spasm, guarding and limitation of motion. No sensory or motor deficits were noted. The patient was diagnosed with L5-S1 disc bulge with annular tear. Utilization review dated October 27, 2013 denied the request for lumbar corset due to guidelines not recommending this treatment as clinically effective nor do the records provide an alternate rationale to support probable effectiveness.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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.

Decision rationale: CA MTUS does not address this issue. ODG Low Back Chapter states that lumbar supports are not recommended for prevention of low back pain and is only recommended as an option for treatment of compression fractures and instability. In this case, the patient complains of chronic neck and back pain and was diagnosed with neck sprain and L5-S1 disc bulge with annular tear. However, there was no evidence for compression fractures or instability. Moreover, there was no discussion regarding failure of first-line treatment for the low back pain. Therefore, the request for lumbar corset is not medically necessary.