

Case Number:	CM13-0049523		
Date Assigned:	12/27/2013	Date of Injury:	03/18/2013
Decision Date:	08/15/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	11/08/2013

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 a licensed Chiropractor 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:

According to the available medical records, this is a 35 year old male patient with chronic left shoulder pain, right hip pain and low back pain, date of injury 03/18/2013. Previous treatments include physical therapy, medications, TENS, home exercise program, chiropractic and aquatherapy. Consultation report dated 06/27/2013 by the requesting doctor revealed left shoulder pain and weakness, low back pain and right hip pain. Exam revealed positive SLR (straight leg raise) 75 degree on the right, bilateral ankle jerk is 1+, bilateral knee jerk is sluggish, no tenderness in the lumbar area and left hip soreness on touching. There were no specific diagnoses reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR CORSET FOR PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

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

Decision rationale: CA MTUS guidelines do not address lumbar support for chronic low back pain. ACOEM guidelines do not recommend lumbar support beyond the acute phase of

symptom relief. This patient injury date was 03/18/2013 and is beyond the acute phase. Therefore, the request for lumbar corset is not medically necessary.