

Case Number:	CM13-0053999		
Date Assigned:	12/30/2013	Date of Injury:	07/12/2011
Decision Date:	03/12/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 Texas, Indiana, Michigan and Nebraska. 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:

The patient is a 60 year old male who reported an injury on 07/12/2011 from fall. The patient was seen by [REDACTED] on 09/20/2012 for follow up on back pain. The note indicates the patient is doing better but does not offer quantitative measurements of increased function. The note also indicates advancement of lifting restrictions to 30 pounds and plans for qualifying medical equipment. Progress note dated 10/08/2012 indicates increased back pain with intermittent symptoms to lower extremities, still with no quantifiable measurements. Progress note dated 11/07/2012 indicates occasional discomfort toward end of the day which can be treated with 800 mg ibuprofen and increased function to include full function of the hips, extension, side bending, and rotation. Additionally, the patient was given advancement to full duty. Progress note dated 11/29/2012 indicates 30% decrease in range of motion in back. Progress note dated 12/13/2012 indicates the patient is still on full duty with some aching that is treated with ice and ibuprofen. Also indicated is an appointment for qualifying medical equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

LS Corset Brace: Overturned

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

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: Official Disability Guidelines recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP and is not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Given that the recent progress note indicates the patient is fully functional, this would be prevention rather than treatment. As such, the request for LS Corset Brace is non-certified.