

Case Number:	CM13-0056485		
Date Assigned:	12/30/2013	Date of Injury:	03/21/2012
Decision Date:	05/05/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/22/2013

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 and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 34-year-old male who reported injury on 03/21/2012. The mechanism of injury was lifting a heavy piece of wood. The injured worker had been treated with physical therapy, chiropractic therapy, acupuncture, an epidural steroid injection and medications. The documentation of 10/08/2013 revealed there was a request for aquatic therapy 1 time a day times 1 hour times 12 sessions and a lumbar corset. The office note was handwritten and difficult to read. The diagnoses included lumbar spine sprain/strain, lumbar discogenic syndrome and lumbosacral or thoracic neuritis or myofascial pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A LUMBAR CORSET: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. There was a lack of

documentation indicating the injured worker had spinal instability. The clinical documentation submitted for review failed support the request with documented rationale. Given the above, the request for the purchase of a lumbar corset is not medically necessary.