

Case Number:	CM13-0071152		
Date Assigned:	01/08/2014	Date of Injury:	06/05/2008
Decision Date:	05/29/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/26/2013

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 Geriatrics and is licensed to practice in New York. 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 67 year old man with a date of injury of 6/5/08. He was seen by his primary treating physician on 11/19/13 with neck pain and low back pain that radiated to his left arm and left leg/knee respectively. He also complained of headaches. His physical exam showed tenderness to palpation over the cervical posterior paraspinal muscles and left lower lumbar paraspinal muscles with spasm. He could flex his cervical spine to 50 degrees and extend to 25 degrees with lateral bending to 25 degrees. He could flex his lumbar spine to 70 degrees and extend to 10 degrees with lateral bending to 25 degrees and negative straight leg raise bilaterally. His reflexes were hypoactive and his sensation was intact. His diagnoses included cervical strain/sprain and radiculitis, lumbar disc disease, chronic lumbar strain/sprain and lumbago. At issue in this review is a lumbar corset.

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): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9,301.

Decision rationale: This injured worker has complaints of neck and back and extremity pain. Per the California MTUS, the use of back belts as lumbar support should be avoided as they have shown little or no benefit, thereby providing only a false sense of security. Additionally, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. It is not clear the rationale from the records for a lumbar support brace at this point in his treatment with the injury occurring in 2008. The records do not substantiate the medical necessity for a lumbar corset.