

Case Number:	CM14-0004276		
Date Assigned:	02/05/2014	Date of Injury:	11/02/2012
Decision Date:	06/20/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/10/2014

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, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 33-year-old male who reported an injury on November 2, 2012. The mechanism of injury was the injured worker was scooping chili out of a large container which required walking up a ladder. As the injured worker twisted to the left and flexed forward, and in lifting the scoop of chili, the injured worker felt an immediate sharp pain and spasming in the lumbar spine. The documentation of November 4, 2013 revealed the injured worker had excruciating back pain and was unable to walk long distances without back pain. The injured worker was walking with a cane and indicated he loses his balance. The injured worker indicated at times he has to crawl from his bed to the restroom because walking is excruciating. The physical examination revealed paravertebral muscle tenderness and spasms. Range of motion was restricted. The straight leg raise was positive bilaterally. Sensation was reduced in the left L5 dermatomal distribution. The diagnosis was lumbar radiculopathy. The treatment plan was to provide the was made for a lumbar corset.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PURCHASE OF LUMBAR CORSET: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, 308-310

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), 12, 300

Decision rationale: The Back Complaints Chapter of the ACOEM Practice 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. The clinical documentation submitted for review failed to indicate the injured worker had lumbar spine instability. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request for a lumbar corset, purchased on November 4, 2013, is not medically necessary.