

Case Number:	CM14-0012020		
Date Assigned:	02/21/2014	Date of Injury:	04/18/2006
Decision Date:	06/26/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/30/2014

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 Orthopedic Surgery 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:

The claimant is a 46-year-old female who sustained an injury to the low back in a work related accident on 04/18/06. The clinical progress report of 01/08/14 documents that the claimant is now six weeks following a trial implementation of a spinal cord stimulator noting that it is reducing her low back and leg complaints as well as the need for narcotic medication. The claimant's diagnosis is listed as postlaminectomy syndrome as she had undergone an L3-4 discectomy and laminectomy as well as interbody fusion in 2002. There is no documentation of other physical findings. This request is for the use of an LSO corset brace for the claimant's continued low back related complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

DRAWSTRING CORSET BRACE FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 298, 301.

Decision rationale: Based on California ACOEM Guidelines, a lumbar corset would not be indicated. This individual has chronic low back related complaints with no indication of acute

clinical finding or diagnosis that would support the need for bracing. The ACOEM Guidelines indicate that bracing has been only shown beneficial in the acute setting of lumbar complaints. ACOEM further notes that there is currently no literature to support the long term use of bracing for preventive or therapeutic benefit without documentation of fracture, instability, or the immediate postoperative setting. The request for Drawstring Corset Brace For The Lumbar Spine is not medically necessary.