

Case Number:	CM14-0177915		
Date Assigned:	10/31/2014	Date of Injury:	09/13/2002
Decision Date:	12/08/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/27/2014

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 Internal Medicine 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 patient had his work comp injury on 9/13/02 .We note that he had an appointment with his PCP on 9/10/14; and his chief complaints were neck, right shoulder, and lumbar pain.It was noted that he had had decompression fusion of his lumbar spine and that there was tenderness over the screw tops.The PCP also addressed problems with the patients shoulder and cervical spine in this office visit.He subsequently submitted an addendum report to this office visit requesting a new lumbar corset for the patient in order to treat his lumbar pain. He stated that the patient had lost a lot of weight and because of that a new corset was needed.However, the UR denied authorization for this treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Corsette: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th Edition (web), 2014, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)>p1640 section on medical devices to treat symptoms. Other Medical Treatment

Guideline or Medical Evidence: <Insert Other Basis/Criteria> Up to date topic 7780 and version 27.0 review of treatment for lumbar pain

Decision rationale: The MTUS lists corsets as one of the modalities used to treat low back pain in the work environment in order to prevent lumbar pain. The ODG also lists braces, casts, corsets, and shoes as mechanical devices used to treat orthopedic symptoms. Up to date discussed corsets in its treatment of lumbar pain. It states that they are used to limit spine movement in order to prevent back pain at the work site when occasional lifting is required. However; it says that randomized controlled trials suggest little benefit from the use of this treatment. Therefore, they conclude that there is little evidence to suggest that corsets or braces have therapeutic value for most patients. We note that our patient was to use his corset for general treatment and not as an aid for lifting in a work environment, and that there is little evidence to suggest that the use of these lumbar corsets actually help patients. Therefore, the request is not medically necessary.