

Case Number:	CM14-0020787		
Date Assigned:	04/30/2014	Date of Injury:	08/19/2004
Decision Date:	07/08/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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 Family Practice 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:

57 yr. old female claimant sustained a work injury on 8/19/04 resulting in chronic neck back pain. She developed cervical disc disease with radiculopathy and underwent C4-C7 fusion. Her additional diagnoses included lumbar disc disease and intractable low back pain. An exam report on 12/18/13 indicated neck pain and low back pain. The claimant was awaiting aquatic therapy. Exam findings included limited range of motion of the lumbar spine with paraspinal spasms. The treating physician requested lumbar surgery, EMG studies, physical therapy and a replacement lumbar corset.

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.

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) Lumbar Pain.

Decision rationale: A corset is a spinal brace. According to the ODG guidelines: Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports

are not effective in preventing neck and back pain. Lumbar supports do not prevent LBP. A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. Bases on the guidelines above, and lack of supporting diagnoses (is fracture), a corset is not medically necessary.