

Case Number:	CM14-0021769		
Date Assigned:	02/24/2014	Date of Injury:	11/16/2009
Decision Date:	06/26/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/09/2014

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 injured worker was injured on November 16, 2009. The injured worker was seen on December 10, 2013 with complaints of low back pain radiating to the right hip and right lower extremity. The physical examination documents no palpable paravertebral muscle spasm, but there is palpation of spasm over the left sciatic notch with radiation to the left. Lumbar range of motion is diminished, heel and toe walking post left leg pain, and straight leg raise test is positive on the left. The neurologic exam documents show diminished sensation or muscle strength. Reflexes are documented as being absent at the right patellar tendon. Current diagnosis with regards to this request includes lumbar spine discogenic disease at L4-5 with sciatica. The utilization review in question was rendered on December 24, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE CORSET: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Low back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back pain

Decision rationale: The topic of lumbar supports for chronic low back pain is not addressed by the California Medical Treatment Utilization Schedule (CAMTUS) guidelines. The Official Disability Guidelines (ODG) recommends against the use of lumbar supports as an option for prevention of low back pain, but notes that it may be utilized for the treatment of compression fractures, spondylolisthesis, and documented instability. Therefore, the request for lumbar spine corset is not medically necessary and appropriate.