

Case Number:	CM14-0035883		
Date Assigned:	06/23/2014	Date of Injury:	10/31/2010
Decision Date:	07/22/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/24/2014

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, and is licensed to practice in Texas and New York. 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 62 year old female who reported an injury on 10/31/2010 received due to repetitive mechanical actions at work. The physician seeing the injured worker diagnosed her with displacement lumbar inverted disc without myelopathy on 02/13/2014. During that exam the physician noted a positive straight leg raise test at 30 degrees and a positive Lasegue test. Pain was reported by the injured worker to the lumbar region and the physician noted disc protrusions at L2, L2-L3, and L5-S1. The physician is requesting a lumbar corset for the injured worker. The request authorization and rationale for the request authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Corset: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The request for a lumbar corset is not medically necessary. The physician has diagnosed the injured worker with a series of bulging discs in the lumbar spine. She enters

with a complaint of pain to the lumbar spine, tests positive for straight leg raise and Lasegue test. The physician wants to prescribe a lumbar corset to alleviate pain to the affected site. However, under the California MTUS / ACOEM guidelines for low back complaints a lumbar support (corset) is not recommended for the treatment of low back disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The request does not follow guidelines set forth. Therefore, the request is not medically necessary.