

Case Number:	CM14-0065660		
Date Assigned:	07/11/2014	Date of Injury:	07/28/2009
Decision Date:	09/12/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/08/2014

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, has a subspecialty in Addiction Medicine and is licensed to practice in Ohio. 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 has a stated date of injury of July 28 of 2009. He has been struggling with back pain radiating into the left hip and with numbness of the feet. A magnetic resonance imaging (MRI) scan of the lumbar sacral spine from June 27, 2013 revealed L4-L5 laminectomies with broad-based disc bulging compressing the L5 nerve root, mild bilateral foraminal stenosis without impingement at the L4 nerve roots, and left paracentral disc protrusion at L5-S1 mildly impinging upon the left S1 nerve root. On April 9, 2014, physical therapy was prescribed, pain management was asked to consult, and a prescription for a lumbar corset was given. The request for the corset was denied. The most recent exam available for review reveals limitations of lumbar flexion to 20, extension 29, a positive straight leg raise on the right, and diminished sensation to the right foot, plantar aspect. His current diagnosis includes cervical spine radiculopathy, lumbar spine radiculopathy, and thoracic back strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR CORSET: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

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 Section, Lumbar Supports.

Decision rationale: The above guidelines suggest that lumbar supports are not recommended for prevention of back pain. However, they are recommended as an option for compression fractures, specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. The evidence for this is of very low quality but it is suggested as a conservative option. A randomized controlled trial to evaluate the effects of an elastic lumbar belt on functional capacity and pain intensity in low back treatment found improvement in physical restoration compared to control and decreased pharmacologic consumption. Therefore, because lumbar supports are recommended as a potential conservative option for nonspecific low back pain the provision for a lumbar corset is medically necessary.