

Case Number:	CM14-0086621		
Date Assigned:	07/23/2014	Date of Injury:	02/27/2003
Decision Date:	09/03/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/09/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 46-year-old female who reported an injury on 02/26/2003. The mechanism of injury was noted to be a fall. Her diagnosis was noted to be status post right SI joint injection and lumbosacral sprain. Prior treatments were noted to be SI injections, physical therapy, and home exercises. Diagnostic tests were x-rays. The injured worker was noted to have subjective complaints of low back pain. It was noted that the treatment plan was to continue home physical therapy and renew medications. In addition, it was noted that the injured worker was to renew a lumbosacral corset. The provider's rationale for the request was noted in the documentation. A request for authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Renewal of LS Corset: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The California MTUS American College of Occupational and Environmental Medicine Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. It is noted that the injured worker's injury was dated 02/26/2003. She is not noted to be in an acute phase, nor is there documentation to support efficacy of prior lumbar support. Therefore, the request for Renewal of LS Corset is not medically necessary.