

Case Number:	CM14-0131753		
Date Assigned:	08/20/2014	Date of Injury:	04/18/2011
Decision Date:	02/25/2015	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 57 year-old female with a 4/18/2011 date of injury. According to the 7/10/14 orthopedic report, the patient presents with 9-10/10 low back pain. One of the treating physician suggested a spinal cord stimulator. The patient is s/p lumbar spine fusion with residuals. She is not working. The physician requested a lumbar corset. On 7/16/2014 utilization review denied a lumbar corset, stating that MTUS, ACOEM, and ODG only recommend lumbar supports for fractures, spondylolisthesis or instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of lumbar corset brace, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301; 308, Table 12-8.

Decision rationale: The patient is not in the acute phase of care and the MTUS/ACOEM guidelines do not recommend lumbar corsets in the chronic phase, unless the patient is working.

The available reports show the patient on TTD. The request for a lumbar support in the chronic phase of pain, where the corset is not being used for prevention in an occupational setting, is not in accordance with MTUS/ACOEM guidelines. The request for Purchase of lumbar corset brace, QTY: 1, is not medically necessary.