

Case Number:	CM14-0203553		
Date Assigned:	12/16/2014	Date of Injury:	02/10/2014
Decision Date:	02/03/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/05/2014

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 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 47 year old male injures worker suffered an industrial injury on 2/10/2014 injuring the back when lifting a file cabinet. The injured worker had in the past a laminectomy with decompression in 2000. However, a magnetic resonance imaging on 4/29/2014 revealed a new disc protrusion with bilateral neuroforaminal narrowing. The provider's note on 10/6/2014 described progressive mechanical back pain. The provider's note on 11/20/2014 recommended a posterior/anterior spinal fusion. The visit on 11/19/2014 exam described the injured worker to be leaning to the right side with limited range of motion along with pain in the lumbar spine radiating to the left leg accompanied by leg weakness. The UR decision on 12/1/2014 noncertified the request for a lumbar support corset due to the clinical finding did not support medical necessity. No other rationale was presented in the UR decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME lumbar support Corset: 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): 300.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. The use of a lumbar corset is not medically necessary.