

Case Number:	CM15-0108764		
Date Assigned:	06/15/2015	Date of Injury:	10/01/2009
Decision Date:	07/14/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/05/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 70 year old female who reported an industrial injury on 10/1/2009. Her diagnoses, and/or impressions, are noted to include: cervical and lumbar disc degeneration with bulging; and spondylolisthesis of the lumbar spine with facet arthropathy. Recent magnetic imaging studies of the lumbar spine are noted on 2/9/2015, noting multiple moderate-severe abnormal findings. Her treatments have included a supplemental medical-legal report on 1/5/2015; diagnostic imaging studies; medication management with urine toxicology screenings; and return to light-duty work, as she has met maximum medical improvement. The progress notes of 4/20/2015 reported complaints of continued moderate low back pain. The objective findings are noted to include unchanged decreased lumbar range-of-motion. The physician's requests for treatments were noted to include a lumbar corset.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Supports.

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

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. Therefore, the request for Lumbar corset is not medically necessary.