

Case Number:	CM15-0136804		
Date Assigned:	07/24/2015	Date of Injury:	09/02/1998
Decision Date:	08/26/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/14/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 54 year old female who sustained an industrial injury on 9/2/98. She had complaints of neck, back and bilateral shoulder pain. Treatments have included medications, activity modification, injections and surgery. Progress report dated 4/8/15 reports continued complaints of neck and back pain. The lower back pain is constant and radiates to bilateral lower extremities with weakness and numbness. The back pain creates severe profound limitations. Neck pain is constant, sharp, stabbing and radiates to bilateral shoulders with stiffness, numbness and tingling. The pain is reported as moderate to severe with profound limitations. Diagnoses include: post laminectomy lumbar and cervical spine, impingement syndrome and cervical spondylosis with myelopathy. Plan of care includes continue terocin patch, refill norco ambien, sertaline and Xanax and continue use of lumbosacral support during the day with activities. Work status: totally temporarily disable until next evaluation. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of lumbosacral corset: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for a lumbar support is not medically necessary, medically appropriate or indicated in this case. ACOEM low back guidelines state that lumbar supports are not recommended outside the acute phase of symptom relief. This patient is many years beyond the acute phase of her injury. Lumbar supports are recommended in cases of fracture, spondylolithesis or documented instability. This patient does not have the above clinical issues. There is also no documentation of functional improvement from any previous use of lumbar supports. Therefore, this request is deemed not medically necessary.