

Case Number:	CM15-0200481		
Date Assigned:	10/15/2015	Date of Injury:	05/23/2014
Decision Date:	11/24/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/13/2015

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 York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 69 year old male who sustained an industrial injury on 5-23-14. The injured worker reported low back pain and bilateral wrist pain. A review of the medical records indicates that the injured worker is undergoing treatments for a lumbar sprain, lumbar radiculopathy and bilateral wrist tendinitis. Provider documentation dated 8-27-15 noted "continuous aching pain in the lower back, which increases becoming sharp and stabbing." Provider documentation dated 8-27-15 noted the work status as currently working. Treatment has included psychological evaluation, status post bilateral knee arthroscopy, and Neurodiagnostic studies. Objective findings dated 8-27-15 were notable for lumbar spine with decreased range of motion and spasms to the paravertebral muscles, decreased dermatomal sensation over the right L5. The original utilization review (9-24-15) denied a request for 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: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods.

Decision rationale: This injured worker has complaints of chronic back pain. Per the ACOEM, the use of back belts as lumbar support should be avoided as they have shown little or no benefit, thereby providing only a false sense of security. Additionally, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. It is not clear the rationale from the records for a lumbar support brace at this point in the treatment. The records do not substantiate the medical necessity for a lumbar corset support.