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| Case Number: | CM15-0204054 | | |
| Date Assigned: | 10/20/2015 | Date of Injury: | 07/19/2013 |
| Decision Date: | 12/02/2015 | UR Denial Date: | 09/16/2015 |
| Priority: | Standard | Application Received: | 10/16/2015 |

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: Connecticut, California,

Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49-year-old female who sustained an industrial injury July 19, 2013. According to a treating physician's progress notes with acupuncture visit #7 dated September 9, 2015, the injured worker presented with complaints of low back pain, bilateral lumbar radiating to the lower left leg and no better since the last visit. She has undergone physical therapy and manipulation by a chiropractor, with no help, interlaminar lumbar epidural steroid injection L5-S1, and Botox 10 injections (5 each side) to the lumbar spine August 28, 2015. At the time of the Botox visit, the injured worker is asking for a back brace as she has difficulty standing for long periods of time and believes she could do more with added support. The physician documents an MRI shows DJD (degenerative joint disease) (not dated). Current medication included Percocet and Norco. Physical examination revealed; sacroiliac joint tenderness, bilateral paraspinal tenderness. Assessment is documented as low back pain, lumbago; sciatica; chronic left knee pain. The injured worker underwent acupuncture treatment and is scheduled to follow-up in a week. At issue, is the request for authorization for a lumbar support corset. According to utilization review dated September 16, 2015, the request for Percocet 5-325mg #60 is certified. The request for (1) Lumbar corset is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Support Corset: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS guidelines (ACOEM Low Back Complaints, page 301) state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief in low back pain. Additionally, on page 9 of the MTUS ACOEM guidelines for preventive strategies and tactics, the use of back belts as lumbar supports should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. In this case, the chronic nature of the patient's back pain is unlikely to benefit from further limited range of motion/bracing given the lack of objective findings to indicate true instability (secondary to spondylolisthesis, fracture, etc.). Based on the provided records and MTUS guidelines, a lumbar support brace cannot be recommended as medically necessary in this case.