

Case Number:	CM15-0028401		
Date Assigned:	02/20/2015	Date of Injury:	06/05/2007
Decision Date:	04/07/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/16/2015

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: Texas, California
 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 38 year old female, who sustained an industrial injury on 6/5/2007. The current diagnoses are status post lumbar decompression and fusion (7/30/2012) and bilateral lower extremity radiculopathy, left greater than right. Currently, the injured worker complains of continued pain and stiffness to the lumbar spine with radiation down both legs with associated numbness and tingling in the lower extremities. The physical examination of the lumbar spine reveals tenderness to palpation over the paraspinous region with spasms present. Range of motion is limited. Straight leg raise test is positive bilaterally. There is decreased sensation in the L5 and S1 dermatomes on the left. Treatment to date has included medications and surgery. The treating physician is requesting soft lumbar corset, which is now under review. The patient sustained the injury when she was moving large pieces of meat. The patient's surgical history include lumbar and right shoulder surgery. The patient has had CT scan of the low back that revealed disc protrusion. The patient has used a brace and a cane. The current medication list was not specified in the records provided. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Soft lumbar 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): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Chapter:Low Back Low Back (updated 03/24/15) Lumbar supports.

Decision rationale: Request: 1 Soft lumbar corset. Per the ACOEM guidelines cited below "There is no evidence for the effectiveness of lumbar supports in preventing back pain in the industry." In addition per the ODG cited below regarding lumbar supports/brace, Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use; see Back brace, post operative (fusion). The details of PT or other types of therapy done since the date of injury were not specified in the records provided. Response to prior conservative therapy was not specified in the records provided. Prior conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. There is no evidence of instability, spondylolisthesis, lumbar fracture or recent lumbar surgery. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The medical necessity, of 1 Soft lumbar corset is not fully established.