

Case Number:	CM15-0055207		
Date Assigned:	03/30/2015	Date of Injury:	01/07/2009
Decision Date:	05/13/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 on 1/7/2009. She reported falling out of a chair and landing on her back. The injured worker was diagnosed as having cervical discopathy, thoracic discopathy, and lumbar spine discopathy. Treatment to date has included magnetic resonance imaging, and medications. The request is for thoracolumbar corset with shoulder straps. On 3/02/2015, she complains of back pain with radiation into the thigh. The treatment plan included request for chiropractic treatment, continue use of TENS unit, and continue Lodine, Ultram, and Soma, and request for a thoracolumbar corset with shoulder straps. The records indicate she reports the utilization of TENS to be helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracolumbar corset with shoulder straps, per 03/02/15 order Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Lumbar Support.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, Thoracolumbar corset with shoulder straps per March 2, 2015 order quantity #1 is not medically necessary. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. In this case, the injured worker's working diagnoses are cervical discopathy at C5 - C6 and C6 - C7; thoracic discopathy T6 - T7, T7 - T8, T8 - T9, T9 - T10 and T12-L1; and discopathy lumbar spine and L4 - L5. The date of injury is January 7, 2009. An MRI showed multiple disc protrusions with no instability. Chiropractic treatment provides benefit with TENS application. The treating physician states the injured worker will not take medications while at work and needs additional support. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. Consequently, absent guideline recommendations for thoracolumbar corsets, thoracolumbar corset with shoulder straps per March 2, 2015 order quantity #1 is not medically necessary.