

Case Number:	CM15-0056745		
Date Assigned:	04/01/2015	Date of Injury:	05/19/2009
Decision Date:	05/05/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/25/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 43 year old male, who sustained an industrial injury on 5/19/2009. The injured worker was diagnosed as having lumbago, neuralgia, neuritis, and radiculitis, unspecified, other disorders of muscle, ligament, and fascia, degeneration of lumbar or lumbosacral intervertebral disc, sacroiliitis, not elsewhere classified, and lumbar radiculopathy. Treatment to date has included diagnostics (magnetic resonance imaging of the lumbar spine on 10/29/2014), physical therapy, transcutaneous electrical nerve stimulation unit, and medications. On 1/27/2015, the injured worker complains of low back pain, muscle spasms, along with abnormal gait and weakness and tingling. He was able to move in and outside of the home with current medications. Current medications included Ibuprofen, Norco, and Valium. He was documented as having a lumbar support, noted as helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) lumbar corset: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar supports.

Decision rationale: ODG recommends against the use of lumbar supports for prevention but states that they are an option of instability. The patient has been approved to undergo a diskectomy at L5/S1. There is no evidence of instability. This request for a lumbar support does not adhere to ODG. Furthermore, the patient will likely undergo surgery in the near future. This support has not been requested for post-operative care. Its use does not adhere to MTUS 2009 and is not medically necessary.