

Case Number:	CM14-0145985		
Date Assigned:	09/12/2014	Date of Injury:	03/19/2013
Decision Date:	10/30/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 213 pages provided for this review. There was an application for independent medical review for a lumbar corset dated September 8, 2014. Per the records provided, the patient complained of cervical spine pain at one out of 10 but it was improved. The patient was starting to increase activities of daily living, which resulted in sharp intermittent pain episodes. The spasms had improved. The patient also complained of pain in thoracic spine improving with pain scale of one out of 10. The patient was tolerating stooping and bending better. There were less frequent headaches and a more stable gait. There was still dizzy spells. No surgery was documented for this disorder. The patient completed six out of 12 acupuncture and 12 physical therapy sessions. Both treatments helped, but the objective functional improvement is not quantified.

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 ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, updated 07/03/14, Lumbar supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has had the injury for some time; per MTUS the brace would no longer be effective, and so was appropriately not medically necessary.