

Case Number:	CM14-0161399		
Date Assigned:	10/06/2014	Date of Injury:	02/10/2007
Decision Date:	11/03/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 51-year-old male who reported an injury on 02/10/2007. The injury was reported to occur when he fell out of his desk chair on multiple occasions. The diagnoses included lumbosacral spondylosis without myelopathy, knee pain, degeneration of the lumbar intervertebral disc, and opioid dependence. The past treatments have included chiropractic care, physical therapy, epidural steroid injections, and medications. The surgical history was not relevant. The progress note, dated 08/01/2014, noted the injured worker complained of pain, rated 8/10, and reported he did not take his medication prior to the appointment. The physical exam revealed paravertebral tenderness over the lumbar facet joints bilaterally, and mild to moderate pain with range of motion. The physician further noted the severity of pain was the same, mild with medications, and was alleviated by rest, heat, changing position, and medications. The injured worker was able to perform some yard work, grocery shopping, and all activities of daily living. The medications included bupropion SR 150 mg 3 tablets daily, Celebrex 200 mg daily, Clonazepam 1 mg 3 times a day as needed, Lyrica 150 mg 3 times a day for pain, methadone 10 mg twice daily, Norco 10/325 mg 2 tablets every 6 hours as needed, Pennsaid 40 mg topical application twice a day, Trazodone 100 mg 3 tablets at bedtime, Zanaflex 4 mg 1 to 2 capsules 4 times a day as needed, and Zolpidem 10 mg at bedtime as needed. The treatment plan requested to continue medications. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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): 300, 308.

Decision rationale: The request for 1 lumbar corset is not medically necessary. The injured worker had low back pain. The California MTUS/ACOEM Guidelines do not recommend lumbar supports or corsets for the treatment of low back disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, the continued use of back braces could lead to deconditioning of the spinal muscles. There is no indication of instability. The rationale for the lumbar corset is not provided for review. As the use of lumbar supports is not recommended per the evidence based guidelines, the request is not supported at this time. Therefore, the request is not medically necessary.