

Case Number:	CM14-0073631		
Date Assigned:	07/16/2014	Date of Injury:	09/03/2008
Decision Date:	10/28/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/20/2014

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 North Carolina and New York. 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 patient, a 47 year old male sheet metal fabricator, was injured 9/3/2008 when he fell while climbing down a ladder, injuring his ankle, knee and back. He has undergone meniscectomy for right knee meniscal tear and reconstruction on the right ankle. He has been diagnosed with lumbar strain with multilevel stenosis, congenital spine stenosis and disc bulging, and pain radiating into the bilateral lower extremities. The ICD 9 code on the request for independent review for primary diagnosis was 718.87, instability of the ankle and foot. He is requesting a lumbar corset, denied 5/9/2014. He had physical therapy, lumbar epidural steroid injections, chiropractic care, acupuncture and medications for ongoing low back pain. His orthopedist has requested laminectomy and fusion L4-5 and L5-S1, which was denied.

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

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) Low Back, Lumbar supports.

Decision rationale: Per ACOEM Guidelines in the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. It is not indicated in chronic low back pain. Per ODG, a lumbar support is recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific Low Back Pain (LBP) (very low-quality evidence, but may be a conservative option). For treatment of nonspecific LBP, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analogue scale) and at improving functional capacity (measured by EIFEL score) at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, evidence was weak (very low-quality evidence). This patient is beyond 3 months of pain. He has no indication for a lumbar support. The request is not medically necessary and appropriate.