MAXIMUS Federal Services

Case Number:	CM14-0218085		
Date Assigned:	01/07/2015	Date of Injury:	06/07/2012
Decision Date:	03/06/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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

CLINICAL CASE SUMMARY

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

This is a 44 year old male with a work related injury dated 06/07/2012 to his hamstring and quad area due to carrying a ladder and vacuum up the stairs while working as a maintenance technician, according to the Utilization Review report. According to a primary physician's progress report dated 12/01/2014, the injured worker presented for a follow up which stated improvement with second epidural on 06/03/2013 and therapy. Diagnoses included lumbosacral radiculopathy and bilateral S1 radiculitis. Treatments have consisted of physical therapy, epidurals, and medications. Diagnostic testing included lumbar MRI which showed L3-4 stenosis and electromyography/nerve conduction studies showed bilateral S1 radiculitis. Work status is noted as off work.On 12/10/2014, Utilization Review non-certified the request for a Lumbar Spine Corset citing Official Disability Guidelines. The Utilization Review physician stated the injured worker has chronic low back pain with radiculopathy and the medical necessity for lumbar support/brace is not established. Additionally, the injured worker is not post surgical and there is no indication that there is any instability of the spine. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine corset: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,308.

Decision rationale: The patient is a 44 year-old male with a 6/7/12 injury to his lower back. The 12/1/14 report states he failed conservative care and two epidural injections and is pending IMR for surgery. The physician requested a lumbar corset for mechanical back pain and says the patient meets all the criteria. The 11/17/14 report states the patient is not working. ACOEM, chapter 12, Low Back, page 301: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms reliefACOEM, chapter 12, Low Back, page 308, Table 12-8, 'Summary of Evidence and Recommendations': Corsets for treatment Not Recommended. In occupational setting, corset for prevention- Optional.MTUS/ACOEM guidelines allow for use of a lumbar corset in the occupational setting for prevention, but in this case the patient is not working. The MTUS/ACOEM guidelines state lumbar supports are not beneficial beyond the acute phase of care. The patient's injury was 2-years ago and he is beyond the acute phase of care. The use of a lumbar corset outside the occupational setting and in the chronic phase of care is not in accordance with MTUS/ACOEM guidelines. The request for a Lumbar Corset IS NOT medically necessary.