

Case Number:	CM15-0093982		
Date Assigned:	05/20/2015	Date of Injury:	03/18/2014
Decision Date:	06/25/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/15/2015

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, Hawaii
 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:

The injured worker is a 43 year old female, who sustained an industrial injury on March 18, 2014. She reported low back pain immediately after tripping on a cord and landing on her knees. The injured worker was diagnosed as having mechanical back pain and facet syndrome. Treatment to date has included diagnostic studies, radiographic imaging, pain injections for the lumbar spine, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued low back pain radiating to bilateral lower extremities. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. It was noted she had a previous right shoulder industrial injury in 2004 that required surgical intervention. Evaluation on March 12, 2015, revealed continued pain as noted. It was noted the physician did not think the problem was of a surgical nature. A lumbar corset was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace corset: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low back, lumbar supports.

Decision rationale: The patient has complaints of low back pain that travels into the lower extremities bilaterally. The current request is for a Lumbar Brace Corset. The MTUS chronic pain guidelines do not discuss lumbar brace. ACOEM guidelines do not recommend it. ODG Low Back, Lumbar & Thoracic Chapter, lumbar supports topic, states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." In this case, the attending physician prescribes a lumbar corset for posture and support. He states that it is prescribed to reduce pain by restricting mobility of the trunk and to facilitate healing. He notes that the supports are used in the management of low back pain by stabilizing the lumbar region, facilitating flexion, reducing pain and to assist in preventing re- injury. The attending physician provides a good argument and rationale for the use of a lumbar support which is of low cost for a daily treatment modality. As such, recommendation is medically necessary.