

Case Number:	CM14-0151850		
Date Assigned:	09/19/2014	Date of Injury:	03/15/2013
Decision Date:	11/06/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/17/2014

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 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:

The underlying date of injury in this case is 03/15/2013. The date of the utilization review under appeal is 08/18/2014. The patient's diagnosis on an application for independent medical review is lumbar spinal cord injury. The medical records discuss diagnoses of neck pain, back pain, left hip pain, wrist pain, and left arm pain as well as a right inguinal hernia repair and a prior history of a motor vehicle accident. Limited information is available beyond the current request for a lumbar corset. The initial utilization review notes the patient was diagnosed with a lumbar disc injury, facet syndrome, left-sided sacroiliac syndrome, and stress syndrome of possible industrial origin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar corset of the back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: ACOEM Guidelines, Chapter 12, Low Back, page 301, states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom

relief. The current clinical information to support the request for a lumbar corset is very limited. The medical records do not contain sufficient information to support a rationale for this request. Therefore, this request is not medically necessary.