

<b>Case Number:</b>	CM13-0039242		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/14/2011
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, has a subspecialty in Family Medicine, 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 physician 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:

51 yr. old female claimant sustained an injury on 10/14/11 resulting in chronic back pain. She had a diagnosis of lumbar facet syndrome, lumbar spondylosis, lumbar disk bulge and muscle spasms. She had received epidural injections, Vicodin, Amytryptiline, Mobic and Cymbalta for pain management. She had undergone physical therapy and acupuncture treatments. In addition epidural injections were used due to persistent 8/10 back pain. Amn examination report on 9/20/13 indicated 7./10 back pain with only mild relief with Vicodin. Objective findings included tenderness over the paraspinous processes and decreased range of motion of the lumbar spine. A recommendation was made for a Lumbosacral corset when standing or walking.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PURCHASE OF ONE (1) LUMBAR CORSET TO WEAR WHILE WALKING:** Upheld

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

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

**Decision rationale:** According to the ACOEM guidelines referenced above, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In

this case, the claimant was 2 years beyond the acute phase and he use of a lumbar corset is not medically necessary.