

<b>Case Number:</b>	CM13-0041122		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/21/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Family Medicine and is licensed to practice in Texas. 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 injured worker is a 35-year-old male with a reported date of injury on 03/21/2012. The injury reportedly occurred while the injured worker carried a wooden beam. His diagnoses were noted to include lumbar degenerative disc disease at L4-5 and L5-S1 levels with focal 3 mm disc protrusion at L4-5, grade 1 L5-S1 spondylolisthesis with right L5 radiculopathy, lumbar sprain/strain, lumbar discogenic syndrome, lumbosacral or thoracic neuritis, and myofascial pain. His previous treatments were noted to include chiropractic treatment, acupuncture, aquatic therapy, epidural steroid injections and medications. The progress noted dated 08/12/2013 revealed complaints of back pain and bilateral leg pain. The neurological examination revealed a normal gait and a positive straight leg raise. There was no sensory loss and the knee and ankle jerks were sluggish. The back motions were painful in all directions and there was tenderness at the L5-S1 level. The progress note dated 09/10/2013 revealed complaints of pain rated 5/10 to the low back. The injured worker indicated he was still performing his home exercise. The physical examination revealed good range of motion and normal deep tendon reflexes. The Request for Authorization form was dated 09/10/2013 for a lumbar corset.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Corset purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The request for a lumbar corset purchase is not medically necessary. The injured worker complains of low back pain and leg pain. The CA MTUS/ACOEM Guidelines do not recommend lumbar corsets for the treatment of low back disorders. The guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker has a back injury that is over a year old, therefore, is now in the chronic phase of injury. The guidelines do not recommend lumbar support except during the acute phase for symptom relief. Therefore, the request is not medically necessary.