

<b>Case Number:</b>	CM14-0015371		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	08/21/2011
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Orthopedic Surgery 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 injured worker is a 48 year old male whose date of injury is 08/21/2011. He fell off a car ramp and landed on his leg and back. Lumbar MRI dated 04/01/13 revealed mild degenerative endplate changes in the lower lumbar spine. At L4-5 there is a central disc protrusion with minimal inferior migration posterior to the superior endplate of L5 without spinal stenosis or neural foraminal stenosis. Progress report dated 08/02/13 indicates that the injured worker continues to have low back pain and right leg pain. Impression is severe discogenic low back pain emanating from L4-5. The injured worker wishes to proceed with surgical intervention. Lumbar corset has been requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR CORSET:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 298-301.  
Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- LOW BACK COMPLAINTS,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,300.

**Decision rationale:** Based on the clinical information provided, the request for lumbar corset is not recommended as medically necessary. The submitted records indicate that the injured worker has been recommended to utilize a lumbar corset postoperatively following lumbar fusion surgery. The submitted records fail to establish that the recommended surgery has been authorized. There is no current, detailed physical examination submitted for review. ACOEM guidelines note that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Therefore, the request for the lumbar corset is not indicated as medically necessary.