

<b>Case Number:</b>	CM14-0111660		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/19/2004
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 57-year-old female who reported an injury on 08/19/2004. The mechanism of injury was not submitted for clinical review. The diagnoses included cervical discogenic disease with radiculopathy, status post C4-7 cervical fusion, with residual numbness in both arms with pain over the right trapezium; lumbar discogenic disc disease with radiculopathy; and intractable chronic low back pain. Past treatments included aquatic therapy, medication, surgery, and trigger point injections. In the clinical note dated 01/23/2014, it was reported the injured worker complained of neck pain and low back pain. The injured worker reported back pain daily. Upon the physical examination, the provider noted the cervical spine had restricted range of motion. There was mild trapezial spasm noted. The provider requested a replacement lumbar spine corset. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement lumbar corset.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for a replacement lumbar corset is not medically necessary. The California MTUS/ACOEM Guidelines note lumbar support (corset) is not recommended for the treatment of low back disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker's date of injury was in 2004 which exceeds the acute phase of symptom relief. Additionally, the injured worker is utilizing a lumbar corset; as such, an additional corset would not be medically warranted. There is a lack of clinical documentation indicating the injured worker's current corset was not being effective. Therefore, the request is not medically necessary.