

<b>Case Number:</b>	CM14-0122881		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/29/2009
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 patient is a 34 year old male presenting with a work-related injury on June 24, 2010. The patient complained of lower back pain, bilateral sciatica, and neurologic deficits in the right leg. The patient's medications included Omeprazole and Hydrocodone. The physical exam was significant for tenderness to percussion in the lower lumbar region, and decreased range of motion in the lumbar spine due to pain. The medical records did note that there were no focal neurological deficits. MRI thoracic spine on January 27, 2011 showed mild degenerative disease without focal herniation, nerve root impingement or stenosis. Scout view of the cervical thoracic region showed cervical spondylosis with posterior disc protrusion and osteophytes, C3 - 4, C4 - 5, and C5 - 6, abutting and possibly mildly indenting in the spinal cord. MRI of the lumbar spine showed lumbar disc desiccation at the level of L3 - S1, 2 to 3 mm posterior disc protrusion, L3 - 4, 4 mm disc protrusion, L4 - 5, with degenerative facet changes resulting bilateral foraminal stenosis, 2 mm posterior distribution, L5 - S1, with degenerative facet changes and, no spinal canal stenosis. Nerve conduction study on 06/09/11 showed absent H-reflexes bilaterally. The patient was diagnosed with cough, atypical chest pain, shortness of breath, low back pain, status post-surgical repair bilateral inguinal hernias. According to the medical records. The patient is permanent and stationary.

### 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 Chapter 12 Low Back Complaints Page(s): 308.

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

**Decision rationale:** A lumbar support brace is not medically necessary. Per ACOEM guidelines, lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief. The claimant's injury occurred in 1984. The physical exam has remained unchanged and there is lack of documentation of an acute injury or exacerbation; therefore the requested service is not medically necessary.