

<b>Case Number:</b>	CM14-0029605		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	01/31/2013
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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:

This claimant is a 48-year-old male who was injured in a work-related accident on January 31, 2013. The records provided for review include an evaluation dated February 13, 2014 that noted continued low back complaints with radiating bilateral leg pain. It also noted that the claimant was being treated with medication management. Physical examination showed tenderness to palpation at the facet joints; sensory examination showed subjective tingling and numbness bilaterally, and no motor or reflexive changes. The claimant was diagnosed with lumbar radiculopathy and spondylosis. Recommendations were made for continuation of conservative care, including medication management, and an epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME (DURABLE MEDICAL EQUIPMENT): LUMBOSACRAL 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 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 298, 301.

**Decision rationale:** The ACOEM guidelines recommend that the use of lumbar supports should be avoided due to limited benefit and efficacy within the chronic setting. The claimant's current

working diagnosis would not support the role of lumbar immobilization. Therefore, the request for a corset for the claimant's diagnosis of spondylosis and radiculitis would not be recommended as medically necessary.