

<b>Case Number:</b>	CM14-0211919		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 man who sustained a work-related injury on October 10, 2012. Subsequently, he developed chronic low back pain. According to an orthopedic re-evaluation report dated December 16, 2014, the patient complained of lower back pain. He stated that his symptoms were slowly getting worse due to the cold and wet climate. He continued to require pain medication to control his symptoms. Inspection of the lumbar spine revealed tenderness with muscle spasms. The patient continued to show decrease sensory over the L5 and S1 dermatome. Examination of the left shoulder revealed a healed incision site. The range of motion was 130 abduction and 120 forward flexion with decrease internal/external rotation. Strength was 5/5 with abduction and forward flexion. The patient was diagnosed with history of lumbar laminectomy and foraminotomy with recurrent disc instability, impingement syndrome of the left shoulder, status post arthroscopic decompression with residuals, and adhesive capsulitis of the left shoulder. The provider requested authorization for lumbosacral corset.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbosacral corset:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG), Work Loss Data Institute, Low Back, Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. Therefore, the request for Lumbosacral corset is not medically necessary.