

<b>Case Number:</b>	CM15-0006577		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	01/10/2002
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59-year-old male who reported an injury on 11/11/2002, due to an unspecified mechanism of injury. On 11/06/2014, he presented for an office evaluation. He reported pain in the low back that had increased severely. He rated the pain at an 8/10 to 9/10, and also reported neck pain and headaches. He stated that his medication decreased his pain by 50%. A physical examination showed a healed surgical incision, present spasm, and range of motion was painful and limited. Lasegue's sign was positive bilaterally, low back pain and spasm was noted to be worse, and L4-S1 radiculopathy was noted bilaterally. There was also motor weakness noted at a 4/5 bilaterally. He was diagnosed with status post lumbar fusion, increasing low back pain and breakdown stenosis of the L3-4. A request was made for a lumbar corset. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 lumbar corset:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Supports.

**Decision rationale:** According to the Official Disability Guidelines, lumbar supports are not recommended for prevention, but may be recommended as an option for treatment with very low quality evidence to support efficacy. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, a clear rationale was not provided for the medical necessity of a lumbar corset. Also, it is unclear if this is being requested as a rental or a purchase. Furthermore, it was not stated whether the lumbar corset would be used for treatment or prevention. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.