

<b>Case Number:</b>	CM15-0146932		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47 year old female who sustained a work related injury September 5, 2013. According to a primary treating physician's progress report, dated June 5, 2015, the injured worker presented for orthopedic re-evaluation, related to her low back and left ankle. She reports leaning back in her chair at work a week and a half ago, causing a flare up of her right-sided back pain. She reports her left ankle is well and she is wearing a support. Her back support no longer fits from two years ago. Objective findings included; antalgic gait and is unable to heel walk sacroiliac tenderness; pain in the left lower midline and paraspinous musculature; muscle spasm on forward flexion; extension limited to 10 degrees on stress of the pelvis; sciatic stretch signs produce back pain and sacroiliac pain at 70 degrees; range of motion- forward flexion 20 degrees, extension 10 degrees, and right and left tilt 15 degrees. Examination of the left ankle; plantar pronation of the foot with a flattened arch; metatarsal compression produces mild tenderness; pain on inversion and eversion of the ankle and insertion of the tendon Achilles is mildly tender. There is slight medial sensory loss in the medial and plantar aspect of the foot; no evidence of ankle instability on anterior or mediolateral stress. Diagnoses are left ankle ligament tear and strain; sprain, strain syndrome secondary to antalgic gait; flare-up of lumbago and spinal sprain strain syndrome; left ankle ligament sprain with mild residual plantar fasciitis. Treatment plan included administration of two intramuscular injections; Toradol and B12 complex and B12 cyanocobalamin. At issue, is the request for authorization for a lumbar corset.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar corset QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter under lumbar supports.

**Decision rationale:** The 47 year old patient complains of low back pain, rated at 8-9/10, and left ankle pain, rated at 4-5/10, as per progress report dated 06/05/15. The request is for LUMBAR CORSET QTY: 1.00. The RFA for the case is dated 06/05/15, and the patient's date of injury is 09/05/13. Diagnoses, as per progress report dated 06/05/15, included left ankle ligament tear and strain, spinal sprain/strain syndrome secondary to antalgic gait; flare up of lumbago and spinal strain/sprain syndrome, and left ankle ligament sprain with mild residual plantar fasciitis. Current medications include Voltaren, Meloxicam and Soma. The patient is working, as per the same progress report. The ACOEM Guidelines page 301 on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under the Low Back chapter on lumbar supports states, Not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain, "very low quality evidence, but may be a conservative option." In this case, a request for lumbar corset is noted in progress report dated 06/05/15. The treater is requesting "authorization for a new lumbar corset since the older version has become dilapidated." ACOEM guidelines, however, do not recommend the use of lumbar supports beyond the acute phase and ODG guidelines only recommend them "as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain." Given the lack of such diagnoses, the request IS NOT medically necessary.