

<b>Case Number:</b>	CM15-0167419		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	03/20/2011
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: New Jersey, Alabama, 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 injured worker is a 65 year old female who sustained an industrial injury on 3-20-2011. She was carrying a bucket of water and fell down some stairs striking her left shoulder. She has reported left wrist pain and has been diagnosed with left wrist tendonitis and baseline fracture. Treatment has included physical therapy, acupuncture, medications, and injection. There was severe pain in the left wrist with range of motion noted as weak. Wrist was in a brace. The treatment plan included physiotherapy and CT scan of the left wrist. The treatment request included lumbar spine support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine support:** Upheld

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

**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. In addition, there is no documentation of spondylolisthesis, instability, or compression fracture of the lumbar spine. Therefore, the request for Lumbar spine support is not medically necessary.