

<b>Case Number:</b>	CM15-0182293		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	05/14/2010
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 58-year-old female, who sustained an industrial injury on May 14, 2010, incurring neck and low back injuries. She was diagnosed with cervical radiculopathy, lumbar discogenic disease and left shoulder impingement syndrome. Treatment included anti-inflammatory drugs, pain medications, proton pump inhibitor, topical analgesic lotions, and activity restrictions. Currently, the injured worker complained of ongoing pain in the neck, mid and low back. She noted bilateral arm numbness. She reported difficulty sleeping and gastrointestinal side effects from the medications. She had decreased range of motion and persistent neck spasms with decreased sensation of the left side of the neck. The injured worker noted positive muscle spasms in the lumbar spine affecting her activities of daily living and mobility. The injured worker stated that with the use of her medications, she was able to live a more active and functional daily lifestyle. She was diagnosed with cervical radiculopathy, lumbar disc disease, left shoulder impingement and left leg sciatica. The treatment plan that was requested for authorization on September 16, 2015, included one lumbar corset. On September 5, 2015, a request for one lumbar corset was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One lumbar sorset:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, Summary.

**Decision rationale:** According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. Length of use of the corset was not provided and indefinite use is not recommended. The use of a lumbar corset is not medically necessary.