

<b>Case Number:</b>	CM15-0212026		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	09/09/2014
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 44-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 9, 2014. In a Utilization Review report dated October 12, 2015, the claims administrator failed to approve a request for a lumbar corset. The claims administrator referenced an October 7, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said October 7, 2015 office visit, the applicant reported ongoing complaints and issues with chronic low back pain. The applicant was using a cane to move about. The applicant was given refills of Neurontin, Mobic, and tramadol. A lumbar support was endorsed. The applicant was kept off of work, on total temporary disability, for six weeks through November 25, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO corset with advanced closure:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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

**Decision rationale:** No, the request for a lumbosacral orthosis/corset (AKA lumbar support) was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Here, the applicant was, quite clearly, well beyond the acute phase of symptom relief as of the date of the request, October 7, 2015, following an industrial injury of September 9, 2014. Introduction, selection and/or ongoing usage of a lumbar support was not indicated as of this late stage in the course of the claim, per the MTUS Guideline in ACEOM Chapter 12, page 301. Therefore, the request was not medically necessary.