

<b>Case Number:</b>	CM15-0033869		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 31 year old male, who sustained a work/ industrial injury on 4/4/11 while painting standing on a ladder and lost his balance and fell. He has reported symptoms of left shoulder and lumbar pain. Reconstruction of the left shoulder was done 11/6/13. The diagnoses have included s/p reconstructive surgery of the left shoulder subluxation, left C6-7 radiculopathy and left upper extremity cubital tunnel syndrome and chronic lumbar pain syndrome with evidence of radiculopathy. Treatments to date included medication and surgery. Diagnostics included a Magnetic Resonance Imaging (MRI) on 10/21/11 revealed fluid surrounding the biceps tendon in the bicipital tendon groove which may represent tenosynovitis, impingement with down sloping of the acromion process impinging on the supraspinatus tendon in the rotator cuff and tear of the subscapularis tendon near the insertion site with findings of a full thickness tear. Medications were not listed. Examination revealed tenderness to the left shoulder and significant tenderness of the lumbar spine on the left lumbar sacral notch region. The treating physician requested a lumbar corset due to chronic lumbar pain. On 2/3/15, Utilization Review non-certified a Lumbar Corset, citing the MTUS, ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Corset:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 45.

**Decision rationale:** According to ACOEM Chapter 2, Initial Approaches to treatment, inactivity and/or immobilization should be limited because they result in deconditioning and bone loss after relatively short periods of time. The request for the current treatment would result in immobilization in contrast to the recommendation above. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.