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| <b>Case Number:</b>   | CM14-0145560 |                              |            |
| <b>Date Assigned:</b> | 09/12/2014   | <b>Date of Injury:</b>       | 06/29/2009 |
| <b>Decision Date:</b> | 10/14/2014   | <b>UR Denial Date:</b>       | 08/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/08/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 64-year-old male with a reported date of injury on 06/24/2010. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbar spine discopathy, status post inguinal hernia repair and lumbar radiculitis. His previous treatments were noted to include chiropractic care, epidural injections and medications. The progress note dated 04/07/2014, revealed complaints of low back pain with bilateral lower extremity radiculitis and bilateral knee weakness. The physical examination revealed tenderness to palpation over the paraspinal musculature and the sciatic notch. There was decreased range of motion noted. The Request for Authorization form was not submitted within the medical records. The retrospective request was for the purchase of an [REDACTED] back support. However, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for the purchase of an [REDACTED] back support.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** The retrospective request for the purchase of an [REDACTED] back support is not medically necessary. The injured worker complains of low back pain that radiates to the bilateral lower extremities. The CA MTUS/ACOEM Guidelines do not recommended lumbar corsets for the treatment of low back disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker's injury is 4 years old and is in the chronic phase of injury. The guidelines do not recommend lumbar supports beyond the acute phase of symptom for relief. Therefore, the request is not medically necessary.