

<b>Case Number:</b>	CM15-0072040		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	06/16/2008
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: California, North Carolina  
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:

This 52 year old male sustained an industrial injury on 6/16/08. He subsequently reported low back pain. Diagnoses include abdominal pain, osteomyelitis and backache. Treatments to date have included x-rays, MRIs, spine surgery prescription pain medications. The injured worker continues to experience low back pain when walking and standing. A request for an abdominal binder was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abdominal Binder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbl.nim.nih.gov/pubmedhealth/pmh0028424/>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation BM Wadsworth, TP Haines, PL Cornwell, et al Abdominal binder use in people with spinal cord injuries: a systematic review and meta-analysis 2009.

**Decision rationale:** Claimant has chronic low back and the request for the abdominal binder is apparently for this condition. The medical records note, "Patient has lost significant amount of weight through the abdominal binder." MTUS/ACOEM/ODG does not address the use of abdominal binders. The claimant's chief complaint is pain in the low back with walking and standing. There is no clinical research or evidence to support the use of abdominal binders in patients with low back pain or weight loss. The request is not medically necessary or appropriate.