

---

## Independent Medical Review Final Determination Letter

██████████  
██████████  
██████████  
██████████████████

Dated: 12/27/2013

<b>IMR Case Number:</b>	CM13-0004698	<b>Date of Injury:</b>	7/3/2010
<b>Claims Number:</b>	██████████	<b>UR Denial Date:</b>	7/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	7/29/2013
<b>Employee Name:</b>	██████████		
<b>Provider Name:</b>	██████████		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>	Back brace lumbar spine		

DEAR ██████████

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, ██████████

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 56 year old male who sustained an industrial injury on 7/3/2010. Treatment to date has been physical therapy, occupational therapy and acupuncture. On 7/12/13 the patient reported lower back pain at 6/10 and is doing aquatic exercises. There is decreased range of motion. Reports reviewed include acupuncture progress notes, hand written progress notes, and an AME report dated 4/8/2013. The request for back support states that the reason for request is that the previous support has worn out. Report dated 5/15/13 states the patient is pending request for myofascial release, TENS patches, FCE and pain management follow-up.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. A back brace lumbar spine is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Guidelines.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12, page 301, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The patient has a long history of low back pain, since 7/2010. CA MTUS guidelines adopt ACOEM for low back issues. ACOEM low back chapter 12 states that lumbar supports have not been shown to provide any lasting benefit that beyond the acute phase for pain relief. This patient is years after his injury and is well beyond the acute phase. There is no evidence to show that the lumbar support will help with back pain or help improve the diagnosis or condition. Therefore, since CA MTUS does not recommend the use of back braces for chronic back pain, this request for a back brace lumbar spine is not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.



CM13-0004698