

<b>Case Number:</b>	CM13-0022502		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	08/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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. 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is a represented [REDACTED] [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy; muscle relaxants; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of September 3, 2013, the claims administrator denied a request for lumbar support, citing the non-MTUS Third Edition ACOEM guidelines. The applicant's attorney subsequently appealed. On September 27, 2013, the applicant's primary treating physician, a chiropractor, did note the applicant has mild-to-moderate aching low back pain radiating to the lower extremities; a lumbar support/lumbar braces were ordered on this date. The applicant was given work restrictions. It is uncertain whether these limitations were accommodated by the employer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine Support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM guidelines in Chapter 12, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief. In this case, the item was apparently requested on September 27, 2013, several months removed from the date of the injury. The Utilization Review Decision was also issued on September 3, 2013, again several months removed from the date of injury. The applicant was outside of the acute phase of symptoms relief on or around the date of Utilization Review Decision. Therefore, the request remains noncertified, on Independent Medical Review.