

<b>Case Number:</b>	CM13-0023434		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	08/09/2005
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Family 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 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 43 year old male whose date of injury is August 9, 2005. The mechanism of injury is described as installing antennae. Treatment to date includes physical therapy, epidural steroid injections, diagnostic testing and medication management. A follow up note dated May 14, 2014 indicates that he complains of low back pain with pain into the left lower extremity. On physical examination there is tenderness over the midline of the lumbosacral spine. The range of motion is flexion 55, extension 20 and lateral bending 25 degrees bilaterally. Straight leg raise test is negative bilaterally. Diagnoses are herniated nucleus pulposus, lumbar spine with radiculopathy, and chronic L5-S1 nerve root impingement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Spine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Lumbar supports.

**Decision rationale:** There is no clear rationale provided to support a lumbar brace. The Official Disability Guidelines (ODG) note that lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. There is no documentation of compression fractures, spondylolisthesis, or instability. Based on the clinical information provided, the request for lumbar brace is not recommended as medically necessary.