

<b>Case Number:</b>	CM13-0025431		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Internal Medicine and Cardiology, was fellowship trained in Cardiovascular Disease, and is licensed to practice in Texas and 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 patient is a 38 year old male who reported an injury on 7/26/13. The mechanism of injury was reported as repetitive squatting, bending down, and lifting with his legs. The clinical documentation dated 8/22/13 stated that the patient complained of pain to his low back radiating to his left foot and numbness from his left knee to his left foot. The patient was diagnosed with left piriformis syndrome and lumbar spine strain/sprain. The clinical documentation states that the patient has no current complaints of pain or symptoms to the low back or right leg at this time. The patient stated that he does have pain deep in his left buttock area, radiating pain down his left leg, numbness to the left foot, ankle and great toe. Medication and chiropractic care were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for one lumbar brace:** 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 Page(s): 308.

**Decision rationale:** The California MTUS/ACOEM states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief for low back pain. The clinical documentation dated 8/22/13 states that the patient suffered from a lumbar spine strain/sprain, and currently has no complaints of pain or symptoms to the low back. Therefore, the request for one lumbar brace does not meet the California MTUS ACOEM guidelines and is non-certified.