

<b>Case Number:</b>	CM13-0034486		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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, Ohio and Texas. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back reportedly associated with an industrial injury of September 28, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report of September 16, 2013, the claims administrator denied a request for a lumbar support. The claims administrator incorrectly stated that ACOEM does not address the topic of lumbar supports and cited a non-MTUS ODG guideline. The applicant's attorney later appealed. An earlier progress note of August 26, 2013 is handwritten, sparse, difficult to follow, not entirely legible, notable for comments that the applicant reports headaches, difficulty concentrating, blurry vision, and abdominal pain. The applicant is given diagnosis of myalgias, myositis, concussion, cervical disk herniation with myelopathy, myalgias, myositis, spasm, and abdominal pain. The applicant is placed off of work, on total temporary disability. A lumbar support, neurology consultation, ophthalmology consultation, and general surgery consultation are ordered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 demonstrated to have any benefit beyond the acute phase of symptom relief. In this case, the applicant is over a year removed from the date of injury. Usage of lumbar supports is not recommended by ACOEM in this context. It is further noted that the progress report in question did not even mention or allude to the applicant having issues with low back pain, while documenting other issues with headaches, difficulty concentrating, abdominal pain, etc. For all of these reasons, then, the request remains non-certified, on Independent Medical Review.