

<b>Case Number:</b>	CM13-0038175		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	01/29/2011
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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:

This is a 40 year-old male with a 1/29/11 industrial injury claim. He has been diagnosed with degenerative disc disease. According to the 8/21/13 PM&R report from [REDACTED], the patient presents with improving low back pain 5/10 down from 6/10. There is still intermittent distal LLE (left lower extremity) paresthesia that generally occurs after sitting over 5 minutes, relieved by shaking the foot vigorously. The patient believes the gabapentin helps more than the prednisone, but gabapentin makes him drowsy. He discontinued Zanaflex and Tylenol/codeine and continues with etodolac. He uses the TENS to control flares and exercises 30 mins daily on elliptical or walking. [REDACTED] states he has not had a UR response to requests for EMG/NCS and acupuncture. The EMG/NCV was performed on 9/24/13 and showed left L5 and S1 radiculopathy. On 9/17/13 UR reviewed an 8/30/13 report from [REDACTED] and recommended non-certification for a lumbar compressive support brace and lumbar support cushion for driving. Unfortunately, the 8/30/13 report was not provided for this IMR, and there are no medical reports that discuss a rationale for the lumbar support or seat cushion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF COMPRESSIVE LUMBAR SUPPORT BRACE AND LUMBAR SUPPORT CUSHION FOR DRIVING:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,308.

**Decision rationale:** According to the 8/21/13 PM&R report from the treating physician, the employee presents with improving low back pain 5/10 down from 6/10. There is still intermittent distal LLE paresthesia that generally occurs after sitting over 5 minutes, relieved by shaking the foot vigorously. I have been asked to review for a lumbar compressive support brace and support cushion for driving. There were no medical reports provided for this IMR that discuss the rationale for these supports. The MTUS/ACOEM guidelines state: " Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief" The injury date is listed as 3 years ago on 1/29/11, and without any medical rationale, this does not appear to be in the acute phase, so the request does not appear to be in accordance with the MTUS/ACOEM guidelines.