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| <b>Case Number:</b>   | CM13-0047015 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 07/15/2013 |
| <b>Decision Date:</b> | 03/17/2014   | <b>UR Denial Date:</b>       | 10/18/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/28/2013 |

### 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 Orthopedic Surgery, and is licensed to practice in 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 patient is a 47-year-old female who reported an injury on 07/15/2013. The mechanism of injury was not provided for review. Previous treatments included medications, chiropractic care, and acupuncture treatment. The patient's most recent clinical examination findings included tenderness to palpation to the lumbosacral musculature and tenderness to palpation to the cervical musculature. The patient's diagnoses included cervical spine myofascitis with radiculopathy and lumbosacral myofascitis with radiculopathy and bilateral shoulder pain. The patient's treatment plan included continuation of medications, chiropractic care, and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: LSO brace for lumbar:** 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 requested LSO brace for the lumbar spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine do not recommend the use of a lumbar support brace for a chronic injury. As the patient has had this

injury for a period of longer than 6 months, it would be considered in the chronic phase. Therefore, a lumbar support would not be supported by Guideline recommendations. As such, the requested DME: LSO brace for lumbar is not medically necessary or appropriate.