

<b>Case Number:</b>	CM13-0048575		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/07/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Practice 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 patient is a 56 year old male claimant who sustained a work-related injury on February 7, 2013 involving the low back. He has a diagnosis of lumbar disc disease, radiculopathy and facet syndrome. A progress note on September 25, 2013 indicated continued 7/10 back pain. He was using Vicodin, Voltaren and Flexeril for pain control. Exam findings were notable for diffuse tenderness. There was also facet tenderness at the L4-S1 level. The treating physician recommended epidural steroid injections and the use of a lumbar brace.

### 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. Decision based on Non-MTUS Citation ODG.

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

**Decision rationale:** According to the ACOEM Guidelines, lumbar supports have not been shown to have any lasting benefits beyond acute phase symptom relief. The claimant is not in the acute phase. As such, the request is not medically necessary and appropriate.