

<b>Case Number:</b>	CM13-0050441		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/10/2012
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Occupational Medicine, has a subspecialty in Preventive Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 10, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; reported diagnosis with L1 compression fracture; and unspecified amounts of physical therapy to date. In a Utilization Review Report dated November 6, 2013, the claims administrator failed to approve a request for a lumbar back brace. The applicant's attorney subsequently appealed. In a May 13, 2013 progress note, the applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant stated that she could barely walk. The applicant was using Norco and Flexeril for pain relief. It was acknowledged that the applicant had had one prior epidural steroid injection. Further epidural injection therapy was sought while prescriptions for Terocin, Norco, and Flexeril were also issued. The applicant was kept off of work, on total temporary disability. On July 3, 2013, the applicant was again kept off of work, on total temporary disability, while Flexeril, Norco, and Terocin were renewed. A TENS unit trial was sought. On August 6, 2013, the applicant was again kept off of work, on total temporary disability. It was stated that the applicant was considering a kyphoplasty. Multiple medications were refilled. The lumbar support/lumbar brace at issue was apparently sought via an RFA form dated November 1, 2013. In a progress note of October 21, 2013, the applicant was again placed off of work, on total temporary disability. It was stated that the applicant was considering a lumbar laminectomy. It was stated that the applicant would like to have another lumbar back brace to combat her 5-8/10 low back pain complaints. The back brace was ordered. The applicant was again kept off of work while Norco, Flexeril, Terocin, and Cymbalta were all renewed.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**LUMBAR BACK BRACE:** Upheld

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

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, the applicant was well outside of the acute phase of symptom relief following an industrial injury of July 10, 2012 as of the date of the request, November 1, 2013. Introduction and/or ongoing usage of a lumbar support was/is not indicated, per ACOEM, at this late stage in the life of the claim. Therefore, the request is not medically necessary and appropriate.