

<b>Case Number:</b>	CM13-0051659		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Physical Medicine & Rehabilitation 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:

Diagnostic studies reviewed include MRI of the lumbar spine dated 10/22/2013 reveals the following: Disc desiccation at L5-S1 with associated loss of disc height, straightening of the lumbar lordotic curvature. L2-L3: Mild 1.2 mm concentric posterior annular disc bulge is observed which causes stenosis of the bilateral neural foramen. L3-L4: Mild 2.3 mm concentric posterior annular disc bulge is observed which causes stenosis of the bilateral neural foramen. L4-L5: 2.3 mm Broad-based posterior disc protrusion this causes stenosis of the spinal canal and bilateral neural foramen. L5-S1: 5.9 mm Broad-based posterior disc protrusion this causes stenosis of the spinal canal and bilateral neural foramen. Marrow signal intensity in thoracic and lumbar spinal elements in uniformly and homogeneously diminished on the T1 weighted images. Medical Legal Evaluation dated 10/09/2013 documented the patient to have complaints of low back pain. Her pain is reported as 8 on a scale of 0-10. The pain occurs 100% of the day and aggravated by bathing, showering, getting dressed, getting in and out of bed, household chores and standing. Objective findings on exam included examination of the lumbar spine revealing there is tenderness to palpation noted at the L4-L5 with positive myospasm over the paraspinal muscle. There is negative straight leg raise bilaterally. Range of motion is decreased with flexion at 20 degrees, extension 10 degrees, right lateral bending 10 degrees, left lateral bending 15 degrees, right rotation 10 degrees and left rotation 145 degrees. Strength is 5/5 bilaterally. Diagnoses: Lumbar spine sprain/strain, Lumbago, Thoracic spine strain/sprain, Stress, Insomnia secondary to pain and stress. Treatment: Medications prescribed.

### 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 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:** CA MTUS guideline, does not recommend Lumbar support beyond the acute phase of symptom relief. The medical records document the acute injury occurred on 11/16/2012. The medical records indicate the request date for the Lumbar Brace is 10/24/2013. In the absence of documented new or acute injury to the Lumbar Spine the request for Lumbar Brace is not medically necessary according to the guidelines.