

<b>Case Number:</b>	CM13-0059085		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/15/2013
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/29/2013

### 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 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 bilateral plantar fasciitis and low back pain reportedly associated with an industrial injury of August 15, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy and acupuncture; topical agents; and a lumbar x ray of June 28, 2013, notable for degenerative changes and scoliosis. In a utilization review report of November 13, 2013, the claims administrator denied a request for lumbar support. The applicant's attorney subsequently appealed. It is incidentally noted that the applicant appears to be alleging pain secondary to cumulative trauma as opposed to a discrete, specific injury. A clinical progress note of October 30, 2013 is sparse, handwritten, difficult to follow, employs preprinted checkboxes, does not provide much in the way of narrative commentary, is notable for ongoing complaints of 7/10 low back pain and 9/10 foot and ankle pain. The applicant is reportedly unchanged from last visit. Chiropractic treatment has not helped. Motrin, a topical cream, tramadol and lumbar support are seemingly endorsed, while the applicant is placed off of work, on total temporary disability for an additional six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR ORTHOTIC BRACE/LUMBAR SUPPORT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 786-788.

**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 is apparently alleging longstanding low back pain secondary to cumulative trauma at work. As of the date of the utilization review report, November 13, 2013, the applicant was in the sub-acute phase, some two to three months removed from the stated date of injury. Usage of a lumbar support was not indicated or recommended by ACOEM as of that point in time. Therefore, the request of lumbosacral orthotic brace is not medically necessary and appropriate.