

<b>Case Number:</b>	CM13-0059488		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/21/2009
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine 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 62-year-old male who reported an injury on 12/21/2009. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to multiple body parts, to include the bilateral shoulders, left knee and low back. The patient's treatment history included chiropractic care, physical therapy, aquatic therapy, medications and epidural steroid injections. The patient's most recent clinical evaluation documented that the patient had 9/10 low back pain. Physical findings included restricted range of motion secondary to pain with a positive Kemp's test and straight leg raise test positive bilaterally. The patient's diagnoses included bilateral shoulder impingement, left shoulder rotator cuff syndrome, right shoulder internal derangement, lumbar disc syndrome and status post left knee arthroscopy. The patient's treatment plan included the continuation of medications, a DonJoy industrial back brace for stability and a home health aide to assist with activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DonJoy industrial back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG TWC 2013 Low Back, Lumbar and Thoracic.

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

**Decision rationale:** The requested DonJoy industrial back brace is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not recommend the use of lumbar supports in the management of chronic low back pain. The clinical documentation submitted for review does provide evidence that the equipment is being requested to assist the patient with lumbar stability. However, the clinical documentation does not provide any objective evidence of instability that may benefit from a lumbar support. As this intervention is not supported by the guideline recommendations, it would not be considered medically appropriate at this time. As such, the requested DonJoy industrial back brace is not medically necessary or appropriate.