

<b>Case Number:</b>	CM13-0065056		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/03/2007
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury sustained on September 3, 2007. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, and at least two epidural steroid injections. In a letter dated January 21, 2014, the attending provider states that the applicant has longstanding, chronic low back pain with superimposed left shoulder pain, wrist tendonitis, carpal tunnel syndrome, anxiety, stress, and electrodiagnostically confirmed lumbar radiculopathy. The applicant was last seen on November 19, 2013 and was reporting 7/10 low back pain. The applicant was having spasms and painful heel and toe ambulation. The applicant was asked to employ lumbar support for her ongoing issues with low back pain and flares thereof.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AN LSO BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,301. Decision based on Non-MTUS Citation Official Disability Guidelines

**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, lumbar supports have not been shown to have any benefit outside of the acute phase of symptom relief. In this case, however, the applicant is well outside of the acute phase of symptoms relief. The applicant is now several years removed from the date of injury (September 3, 2007). Ongoing usage of a lumbar support is not indicated at this late date, per the ACOEM. Accordingly, the request is not certified.