

<b>Case Number:</b>	CM13-0065515		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/02/2001
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Family Practice 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 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 patient is a 60-year-old male who reported injury on 10/02/2001. The mechanism of injury was noted to be the patient was lifting 6 cement benches. The patient's diagnoses included lumbar spine sprain/strain with stenosis and bilateral lower extremity radiculopathy. The documentation indicated the patient had been using a back brace for greater than 1 year. The patient had 4/5 motor strength weakness in the extensor hallucis longus, tibialis anterior, and plantar flexor. The patient's gait was slow and guarded. The patient had a positive straight leg raise, right greater than left, with pain to bilateral calves. The patient had decreased sensation, right greater than left, in L5 and S1. The patient was requesting, per the most recent documentation, a replacement back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The retrospective request for 1 replacement lumbar support between 10/22/2013 and 10/22/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The clinical documentation submitted for review indicated the patient had been utilizing the back brace for greater than 1 year. It was indicated the patient was using the brace day and night. There was a lack of documentation of objective functional benefit received from the back brace. There was a lack of documentation indicating the patient had spinal instability to support the necessity for a replacement of a lumbar back brace. Given the above, The Retrospective request for 1 Replacement Lumbar Support between 10/22/2013 and 10/22/2013 was not medically necessary.