

<b>Case Number:</b>	CM13-0068976		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/23/2012
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 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 26-year-old male who reported an injury on 03/23/2012 after he was shoveling which reportedly caused injury to his low back. The patient has a treatment history to include medications, physical therapy, and chiropractic care. Patient's most recent clinical evaluation documented that the patient had 6/10 low back pain radiating into the left lower extremity. Objective findings included limited range of motion of the lumbar spine secondary to pain with tenderness to palpation along the lumbar spinal musculature with a positive straight leg raising test. The patient's diagnosis included lumbar radiculopathy. The patient's treatment plan included continuation of medications and the use of a back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Back brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** The ACOEM Guidelines do not recommend the use of lumbar supports for management of a patient's chronic pain. The patient does complain of deconditioning and a

decline in function as a result of the patient's lumbar injury. Use of the lumbar support is not supported by guideline recommendations. The request for lumbar back brace is not medically necessary and appropriate.