

<b>Case Number:</b>	CM13-0071400		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 22 year old male who reported an injury on 01/14/2013 secondary to lifting. The diagnosis is lumbar strain. The injured worker was evaluated on 11/05/2013 for reports of a back injury. The objective findings noted lumbar muscle tenderness and range of motion for flexion to knee with pain, extension at 30 degrees, rotation bilaterally at 30 degrees and left side bending at 30 degrees with pain. The treatment plan included medication therapy, home exercise and brace. The request for authorization is not in the documentation provided.

### 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 MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE , CHAPTER 12, Low Back, pages 160-162, & 301. (ODG) Official Disability Guidelines, Treatment Index, 11<sup>th</sup> Edition (web), 2013: Low Back- Heat/Cold Therapy; Knee-Continuous-flow cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), LOW BACK COMPLAINTS, 300.

**Decision rationale:** The request for [REDACTED] back brace is non-certified. The California MTUS ACOEM Guidelines state lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief. The injured workers injury was reported on 01/14/2013. This time frame extends past the acute phase. Therefore, the request is non-certified.