

<b>Case Number:</b>	CM14-0006330		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 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 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 43-year-old male who has submitted a claim for Pain in Joint of the Lower Leg, Lumbar Disc Displacement without Myelopathy and Brachial Neuritis or Radiculitis, associated with an industrial injury date of October 15, 2010. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of low back pain rated 5/10. On physical examination, the patient had global antalgic gait. Examination of the lumbar spine showed decreased range of motion with spasm and tenderness noted on the left side. Straight leg raising test was positive on the left. Examination of both knees revealed restricted range of motion with tenderness over the lateral and medial joint lines. No joint effusion was noted. There was decreased sensation over the lateral calf on the left side. Treatment to date has included medications, physical therapy, chiropractic care, left knee brace, and left knee arthroscopy. Utilization review from December 18, 2013 denied the request for 1 back orthotic appliance low profile brace because guidelines do not support the use of a back brace for treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: ONE BACK ORTHOTIC APPLIANCE LOW PROFILE BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12,

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

**Decision rationale:** According to the ACOEM Practice Guidelines referenced by the California MTUS Guideline, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, there was no discussion regarding the use of a back brace despite not being recommended by guidelines. Patient has had back pain since the injury date of 2010, which is beyond the acute phase. Therefore, the request is not medically necessary.