

<b>Case Number:</b>	CM14-0009491		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 61-year-old female who has submitted a claim for low back pain and lumbar facet arthropathy associated with an industrial injury date of May 30, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of persistent lower back pain with occasional radiation and numbness to the left lower extremity. Physical examination showed no tenderness and spasms over the lumbosacral spine. Treatment to date has included NSAIDs, opioids, anticonvulsants, TENS, home exercise programs, pool exercises, and physical therapy. Utilization review from January 7, 2014 denied the request for lumbar brace due to lacking evidence of vertebral instability/spondylolisthesis and it is not considered a treatment for lower back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR BRACE:** 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): 301.

**Decision rationale:** According to the MTUS/ACOEM Guidelines lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the patient was injured last May 30, 2013 and complained of persistent lower back pain with occasional radiation and numbness to the left lower extremity. However, physical examination showed no signs compatible with lumbar instability and active inflammation. CT scan from September 19, 2013, and X-ray of the lumbar spine from June 3, 2013 showed no evidence of lumbar instability. Patient is likewise beyond the acute phase of illness. Therefore, the request for lumbar brace is not medically necessary and appropriate.