

Case Number:	CM14-0107591		
Date Assigned:	08/01/2014	Date of Injury:	02/18/2014
Decision Date:	09/25/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/10/2014

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:

According to the records made available for review, this is a 52-year-old male with a February 18, 2014 date of injury. At the time of the request for authorization for 1 purchase of a lumbar brace for management of symptoms related to the lumbar spine, there is documentation of subjective (moderately severe lower back pain that radiates into the lower extremities) and objective (tenderness over the thoracic paravertebrals, lumbar paravertebrals, and bilateral sacroiliac joints) findings, current diagnoses (lumbar radiculitis, chronic headaches, and reactive sleep disturbance), and treatment to date (chiropractic treatment and medications). There is no documentation of compression fractures, spondylolisthesis, or documented instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

The purchase of a lumbar brace for management of symptoms related to the lumbar spine:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
[https://www.acoempracguides.org/Cervical and Thoracic](https://www.acoempracguides.org/Cervical%20and%20Thoracic); table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders; ACOEM-
[https://www.acoempracguides.org/ Low Back](https://www.acoempracguides.org/Low%20Back); table 2 Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Support.

Decision rationale: The Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. ODG identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar supports. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculitis, (illegible) chronic headaches, and reactive sleep disturbance. However, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for the purchase of a lumbar brace for management of symptoms related to the lumbar spine is not medically necessary or appropriate.