

<b>Case Number:</b>	CM14-0150198		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 06/28/2014. The date of the initial utilization review under appeal is 08/20/2014. The patient's diagnoses include an L5-S1 herniated nucleus pulposus with left lower extremity radicular pain, left foot musculoligamentous strain, thoracic spine musculoligamentous strain, right shoulder strain, status post fractures of the right eye orbit and skull and right wrist, and right wrist musculoskeletal strain with possible carpal tunnel syndrome as well as anxiety and depression. On 08/04/2014, the patient was seen in orthopedic followup. The patient reported ongoing symptoms of stress, anxiety, and depression secondary to patient's underlying injuries and reported pain in the right shoulder, the right arm, the right elbow, the right wrist, and the thoracic spine, the left foot, and also in the lumbar spine. The patient complained of frequent pain in the back with radiation to his feet. These symptoms are present 80% of the time. An MRI of lumbar spine of 04/18/2014 had shown a 3- to 4-mm disc protrusion with annular tear at L5-S1 and mild disc desiccation at L5-S1. Treatment plan has included a neuralgia evaluation given a history of head trauma, an MRI of the thoracic spine, and MRI of the right shoulder. The physician noted that ACOEM Guidelines encourage functional restoration. This physician stated that a [REDACTED] lumbar pneumatic brace was prescribed as part of her functional restoration program in order to allow for comfort in the patient's home.

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **LUMBAR PNEUMATIC BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** ACOEM Guidelines, Chapter 12, Low Back, page 301, states that lumbar supports have not shown to have any lasting benefit beyond the acute phase of symptom relief. The medical records at this time do not provide a rationale or medical literature reference or other reasoning to support indication for a lumbar brace in general or for the type of brace in this case in particular. This request is not supported by the guidelines. This request is not medically necessary.