

<b>Case Number:</b>	CM14-0155652		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	12/12/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Family Medicine, and is licensed to practice in Texas & Mississippi 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 33-year-old male who reported an injury of unspecified mechanism on 12/12/2012. On 05/08/2014, his diagnoses included lumbar disc disease. His complaints included back pain. There was tenderness to palpation in the paralumbar region. The lumbar range of motion measured in degrees were flexion 60/70, extension 20/30, right and left lateral bending 15/20, and right and left lateral rotation 25/30. His treatment plan included a recommendation for a lumbar brace to provide relief from back pain/muscle spasms, prevent re-herniation, reduce the need for medication, improve functional status, provide support and promote proper posture. A request for authorization dated 08/27/2014 was included in this injured worker's chart.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** The California/ACOEM Guidelines note that lumbar support is not recommended for all acute lumbar spine disorders. Lumbar support is not recommended for the treatment of low back disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, the request did not specify whether the requested brace was to have been custom made or prefabricated or the size of the brace. Additionally, it did not specify frequency of use. Therefore, this request for lumbar brace is not medically necessary.