

<b>Case Number:</b>	CM14-0166787		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	06/10/2011
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Geriatrics and is licensed to practice in New York. 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 41 year old woman with a date of injury of 6/10/11. The available records are from 2012 and included physical therapy notes and strength / range of motion testing. The therapy notes indicate she is being seen for core strengthening for cervical strain vs. cervical radiculopathy. Her cervical spine range of motion was within normal limits. Sensation and reflexes were intact. At issue in this review is the request for a [REDACTED] rigid back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Date of service: 08/13/14 [REDACTED] rigid back brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 301.

**Decision rationale:** This injured worker has complaints of neck pain and treatment for cervicgia. The available notes do not reference the medical necessity of an LSO back brace. The use of the back belts as lumbar support should be avoided as they have shown little or no benefit, thereby providing only a false sense of security. It is not clear the rationale from the

records for a lumbar support brace and the available records do not substantiate the medical necessity for an [REDACTED] rigid back brace. Therefore, this request is not medically necessary.