MAXIMUS Federal Services

| Case Number: | CM14-0177126 | | |
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| Date Assigned: | 10/30/2014 | Date of Injury: | 06/19/2004 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 10/22/2014 |
| Priority: | Standard | Application Received: | 10/27/2014 |

## 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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 52-year-old male who reported an injury on 05/19/2004 due to both his legs giving out and he fell to the ground and it was later reported that he had sprained both ankles. The physical examination dated 09/24/2014 revealed reports of pain along the lower back and left knee. The pain level was reported to have decreased since the last visit. The injured worker reported that the pain occurred constantly, and was piercing, and sharp. In addition to the pain, the injured worker also complained of an abnormal gait, back pain, muscle spasms, numbness, tingling, and weakness. It was reported that the injured worker used other treatments to help control pain, such as the application of ice and/or heat, and performing daily stretching. It was reported that the injured worker was starting approved physical therapy and was happy about that. The examination of the lumbar spine revealed spasm and tenderness noted on both sides. There was tenderness along the coccyx lumbar and facet loading was positive on both sides. Straight leg raising tests were positive on both sides. Pinprick was slightly decreased at the S1 bilaterally. There was atrophy on the left calf and thigh. Diagnosis were disc disorder of the lumbar, lumbar radiculopathy, and knee pain. A lumbar epidural steroid injection was recommended for the injured worker. The rationale and request for authorization were not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic bracing lumbar support for community outings:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back Procedure Summary; Lumbar supports

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The decision for orthopedic bracing lumbar support for community outings is not medically necessary. The California ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The medical guidelines do not support the use of lumbar supports. Also, there was no rationale submitted with documentation of an objective clinical reason why the injured worker is in need of a lumbar support. The medical guidelines state that the use of a lumbar support could lead to deconditioning of the spinal muscles. Therefore, this request is not medically necessary.