

<b>Case Number:</b>	CM14-0020125		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Practice, 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 injured worker is a 66 year old male who reported an injury on 02/12/2013, due to motor vehicle accident. The clinical note dated 02/03/2014 presented the injured worker with stiffness, cramping, and pulling in the bilateral paraspinal area of the lower back and stiffness of the neck. The injured worker's physical exam revealed motor strength of 2/5 of the left extensor hallucis longus and ankle dorsiflexor; and lumbar range of motion values of 35 degrees of flexion and 15 degrees of extension. The injured worker is diagnosed with cervical and lumbar spine sprain/strain, advanced lumbar spondylosis, mild cervical spondylosis, and had a history of lumbar spinal stenosis with a lumbar laminectomy. The provider recommended a lumbar support. The request for authorization form was not provided in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 LUMBAR SUPPORT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The request for a lumbar support is not certified. The ACOEM Guidelines state that a lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured workers date of injury was reported as 02/12/2013. The request for a lumbar support exceeds the guideline recommendations because the injured worker is beyond the acute phase of his injury. Therefore, the request is not medically necessary and appropriate.