

<b>Case Number:</b>	CM14-0026138		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/30/2010
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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, has a subspecialty in Pain Medicine 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 47-year-old male who reported an injury on 09/30/2010. The injury reportedly occurred when he pulled his low back while climbing out of a truck. His diagnoses include lumbar myofascial pain, lumbar disc displacement, and lumbar radiculitis. His previous treatments were noted to include multiple medications, physical therapy, chiropractic treatment, and epidural steroid injections. On 01/22/2014, the injured worker presented with complaints of low back pain. His physical examination revealed positive straight leg raising, decreased motor strength in the bilateral lower extremities, and evidence of muscle spasm. It was noted that the injured worker was given a 1 comfort foam back support. However, the documentation did not indicate the intended therapeutic effect of this brace. A request for authorization form was submitted for a lumbar brace on 01/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 COMFORT FOAM BACK SUPPORT:** Upheld

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

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

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical information submitted for review indicated that the injured worker has had low back pain since his injury in 2010. Therefore, use of a lumbar brace would not be supported by the evidence-based guidelines as the injured worker has exceeded the acute phase of symptom relief. Further, the documentation indicated that the injured worker was provided a 1 comfort foam back support at his visit on 01/22/2014. Therefore, it is unclear why a second back support is being requested. Based on the above, the request for 1 Comfort Foam Back Support is not medically necessary.