

<b>Case Number:</b>	CM14-0032959		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 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 26 year old female who reported an injury on 02/08/2013. The mechanism of injury was not provided. Per the 02/10/2014 clinical note, the injured worker reported low back pain. Physical exam findings included mild tenderness to palpation in the lower cervical and lumbosacral areas. Lumbar range of motion was noted at 40 degrees of flexion, 10 degrees of extension, and 25 degrees lateral bending bilaterally. Left lower extremity strength was noted at 5/5. For the right lower extremity, strength was noted at 4+/5 in the psoas, anterior tibialis, and gastrocnemius, and 5/5 in the quadriceps. The injured worker demonstrated a positive straight leg raise on the right. The injured worker ambulated independently with normal gait. The injured worker reported physical therapy and chiropractic treatment did not provide any lasting relief. Current medications included cyclobenzaprine and tizanidine. An MRI of the lumbar spine performed on 09/03/2013 showed a central disc protrusion at L5-S1 with an annular tear. The injured worker reported she was given a back brace in the past but that it had been worn out. The provider recommended a new lumbar back brace. The request for authorization form was not present in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO BRACE:** 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:** ACOEM states lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker reported an injury on 02/08/2013. Per the 02/10/2014 clinical note, the injured worker stated she was given a back brace in the past that helped her walk more, improved her posture, and decreased her pain. The brace is now old and worn out. It is now over a year since the initial injury. The guidelines state there is no evidence lumbar supports have provided any lasting benefit beyond the acute phase. As such, the request is not medically necessary.