

<b>Case Number:</b>	CM14-0034467		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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, and is licensed to practice in Illinois. 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 42 year old male who reported an injury on 10/11/13 who injured his back while lifting a box. The injured worker complained of persistent pain and numbness in lower back radiating to left leg especially with prolonged walking. Physical examination on 2/4/14 revealed lumbar range of restricted to 50 percent. Straight leg raise on the right was negative, on the left caused low pain. Diagnostic studies were not submitted for review. Current diagnoses were L5-S1 disc protrusion, and left S1 radiculitis. The injured worker has had physical therapy. Medications were not reported. The current treatment was for surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative lumbar brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

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

**Decision rationale:** The document submitted for review is lacking information regarding current medications, past medications, diagnostic studies, and the operative report. The ACOEM states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of

symptom relief. Behavioral therapy may be an effective treatment for patients with chronic low back pain, but it is still unknown what type of patients benefit most from what type of behavioral treatment. Some studies provide evidence that intensive multidisciplinary bio-psycho-social rehabilitation with a functional restoration approach improves pain and function. As such, the request is not medically necessary.