

<b>Case Number:</b>	CM14-0036698		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/22/2009
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 20, 2009. Thus far, the applicant has been treated with the following analgesic medications, attorney representation, earlier lumbar spine surgery in 2012 and unspecified amounts of physical therapy. In a Utilization Review Report dated March 19, 2014, the claims administrator approved a request for lumbar epidural steroid injection while denying a lumbar support back brace. Non-MTUS ODG Guidelines were cited to deny the back brace. The applicant's attorney subsequently appealed. The applicant was declared permanent and stationary via a report dated October 2, 2013 and given a 23% whole-person impairment rating. A lumbar support was apparently later requested via request for authorization form dated March 19, 2014. No clinical progress notes were attached to said request for authorization form.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO Back Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
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**Decision rationale:** As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 12, Page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, the applicant is quite clearly, outside of the acute phase of symptom relief following an industrial injury of December 22, 2009. Ongoing usage of a lumbar support is not indicated, at this point, per ACOEM. Therefore, the request is not medically necessary.