

<b>Case Number:</b>	CM14-0043480		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 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:

According to the records made available for review, this is a 33-year-old male with a 6/17/13 date of injury. At the time (3/25/14) of request for authorization for elastic/velcro lumbosacral back brace, there is documentation of subjective (low back pain, pain radiating down posterolateral legs) and objective (lumbar spine tenderness in the lumbosacral area with 30% restriction of flexion and extension, positive straight leg raise, hypoesthesia and dysesthesia in the left posterolateral leg area with hypoesthesia at the bottom of the foot) findings, current diagnoses (chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, unspecified; spasms of muscle; degeneration of lumbar or lumbosacral intervertebral disc, lumbar facet joint pain, lumbago, dysesthesia), and treatment to date (medications and activity modification). There is no documentation of compression fractures, spondylolisthesis, or documented instability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elastic/velcro lumbosacral back brace:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Support.

**Decision rationale:** MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. ODG (Official Disability Guidelines) identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, unspecified; spasms of muscle; degeneration of lumbar or lumbosacral intervertebral disc, lumbar facet joint pain, lumbago, dysesthesia. However, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for elastic/velcro lumbosacral back brace is not medically necessary.