

<b>Case Number:</b>	CM14-0046115		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 44 year old female with date of injury of 7/20/2012. A review of the medical records indicates that the patient is undergoing treatment for chronic lumbodorsal strain, right leg compartment syndrome, neuralgia not otherwise specified. Subjective complaints include S1 radiculopathy and pain in the shoulder with some muscle spasms in the legs. Objective findings include positive straight leg raise and right food drop. Treatment has included Norco, Soma, Amrix, Bystolic, and naproxen and a home exercise program. The utilization review dated 3/13/2014 non-certified a back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Back Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300; 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** MTUS ACOEM guidelines note that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The medical records provided indicate that the employee's date of injury was over 2 years ago. The records indicate

the employee has a continuation of lumbar pain; however, the request for a low back brace is outside the initial acute phase of injury and not supported by the guidelines. The request for a back brace quantity 1 is not medically necessary and appropriate.