

<b>Case Number:</b>	CM14-0048022		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/28/2011
<b>Decision Date:</b>	08/09/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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:

The injured worker is a 36-year-old male who reported an injury on 06/26/2011. The mechanism of injury was not provided for clinical review. The diagnoses included right S1 radiculopathy, gait derangement, stress, and anxiety. His treatments include medication, MRI. In the clinical note dated 02/11/2014, it was reported the injured worker complained of constant lower back pain. He rated his pain 8/10 in severity. The injured worker reported having constant radiation of pain; numbness; tingling down the bilateral foot, right more than left. The injured worker reported having difficulty with prolonged weight bearing and repetitive activities that involved bending at the waist. Upon the physical examination, the provider noted tenderness over the right more than left sacroiliac joint with mild swelling. The provider indicated there was tenderness over the midline lumbar spine and right more than left paraspinal musculature with guarding noted. The injured worker had right sciatic notch tenderness. The range of motion of the lumbar spine was flexion of 50 degrees and extension at 10 degrees. The injured worker had a positive Kemp's test, and positive straight leg raise test. The provider indicated the injured worker had deep tendon reflexes at +1 for the right patella and within normal limits for the left lower extremity. The provider requested a lumbar spine brace. However, the rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine 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 Official Disability Guidelines do not recommend the use of a lumbar support; they have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The provider failed to document an adequate and complete physical examination indicating the injured worker has decreased functional ability, decreased strength, or decreased flexibility. Guidelines do not recommend the use of a lumbar support to show any lasting benefits. Therefore, the Lumbar spine brace is not medically necessary.