

<b>Case Number:</b>	CM14-0068131		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	06/13/2011
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 6/13/11. He was seen by his physician with complaints of continued neck and low back pain and was status post recent lumbar epidural injection. He continued to take his pain medications, which along with physical therapy, helped to alleviate his pain. His physical exam was significant for a positive straight leg raise and Patrick's test on the right. Sensation was decreased in the right leg from hip to ankle. Strength testing was normal. He had tenderness to palpation over the cervical and lumbar paraspinal muscles and upper trapezius muscles. A prior MRI showed desiccation of the disc at L5-S1 and an EMG showed bilateral L5 radiculopathy. His diagnoses included cervicgia, lumbago and lumbar radiculopathy, anxiety, myalgias, degenerative disc disease and thoracic disc protrusion. The plan was to refill medications, continue his home exercise program and obtain a lumbar brace 'for stability'. The lumbar brace is at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 301. Decision based on Non-MTUS Citation Work Loss Data Institute, and Official Disability Guidelines Treatment in Workers' Compensation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9 and 301.

**Decision rationale:** This injured worker has complaints of neck and low-mid back and extremity pain. The use of back belts as lumbar support should be avoided as they have shown little or no benefit, thereby providing only a false sense of security. Additionally, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The rationale is not clear from the records for a lumbar support brace at this point in his treatment with the injury occurring in 2011. The support is ordered for stability and the physical exam does not demonstrate instability. The records do not substantiate the medical necessity for a lumbar support.