

<b>Case Number:</b>	CM14-0078179		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Family Practice 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:

This is a 51 year old female who sustained a back injury on 4/1/2011. She has been using a back brace previously but it has worn out or broken. Patient has been using numerous medications to control pain. Patient also uses a cane. Records show patient has had lumbar surgery in 2012. Patient has a diagnosis of Lumbar Sprain/Strain, Knee Sprain/Strain, Hip or Thigh Strain and Lumbalgia/Lumbar Intervertebral Disc.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROlign External Lumbar Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

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

**Decision rationale:** Patient has been using a Lumbar brace back support since her initial injury. Beyond the acute phase of the injury the guidelines state it is not recommended due to it providing no benefit. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Furthermore studies have shown that any type of back belts are not recommended based on false security. Back Belts as lumbar support should be avoided

because they have little or no benefit and provide a false sense of security. There is no evidence showing lumbar supports preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized. Based on these guidelines the Lumbar brace support is not medically necessary.