

<b>Case Number:</b>	CM14-0083144		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	08/02/1984
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is 62 years old male presenting with chronic back pain following a work related injury on 08/02/84. On 2/18/2014, the claimant reported 9/10 pain without medication. The claimant uses a cane, LSO brace and Transcutaneous Electrical Nerve Stimulation (TENS) unit. The physical exam on 3/30/2014 showed post-operative scars, limited range of motion secondary to pain, diffuse paraspinous tenderness and not acute spasm, straight leg raise produced radicular pain bilaterally. The claimant was diagnosed with lumbar spondylosis, chronic pain syndrome, pain lumbar spine, radiculitis umbar, postlaminectomy syndrome lumbar, pain ankle/foot, pain cervical spine, cervical spondylosis, cervical radiculitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar support brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Section - "Lumbar supports:".

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

**Decision rationale:** A lumbar support brace is not medically necessary. Per ACOEM guidelines, lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief. The claimant's injury occurred in 1984. The physical exam has remained unchanged and there is lack of documentation of an acute injury or exacerbation; therefore the requested service is not medically necessary and appropriate.