

<b>Case Number:</b>	CM13-0010531		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/29/1999
<b>Decision Date:</b>	01/19/2015	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2013

### 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 Internal Medicine, 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:

According to the records made available for review, this is a 48-year-old male with a 4/29/99 date of injury. At the time (7/15/13) of the request for authorization for purchase of a custom back brace (fitted rigid posterior with elastic anterior) for the lumbar spine, there is documentation of subjective (low back pain that radiates into his legs, he states that the right leg is smaller and weaker than the left leg) and objective (right thigh circumference at the midpoint is 22 inches and the left thigh is 23.5 inches, left quadriceps muscle group is stronger than the right side) findings, current diagnoses (lumbosacral spondylosis without myelopathy, lumbar disc disease, and spinal stenosis lumbar region), and treatment to date (medication and bracing). There is no documentation of compression fractures, spondylolisthesis, or documented instability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF A CUSTOM BACK BRACE (FITTED RIGID POSTERIOR WITH ELASTIC ANTERIOR) FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Support.

**Decision rationale:** MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. ODG identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis without myelopathy, lumbar disc disease, and spinal stenosis lumbar region. However, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for purchase of a custom back brace (fitted rigid posterior with elastic anterior) for the lumbar spine is not medically necessary.