

<b>Case Number:</b>	CM14-0176838		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Internal Medicine, has a subspecialty 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 62 year old man with a date of injury of 8/24/11. She was seen in follow up by her provider with complaints of lower back pain with radiation to her buttocks. He is status post acupuncture and physical therapy. His medications included cyclobenzaprine, naproxen, tramadol and Tylenol. His exam showed an antalgic gait but he did not use an assistive device. His lumbar spine range of motion was limited to 30 degrees flexion and 10 degrees extension. He had paravertebral muscle tenderness, posterior iliac spine tenderness and spinous process tenderness. Straight leg raise was positive bilaterally. His sensory exam showed decreased light touch over the right L5-S1 dermatome and decreased strength in the knee extensors/flexors. His diagnoses were thoracic or lumbosacral neuritis or radiculitis, sprains/strains of lumbar region and skin sensation disturbance. At issue in this review is the request for a lumbar brace to decrease his pain and improve function.

### 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 Chapter 12 Low Back Complaints.

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

**Decision rationale:** This injured worker has complaints of chronic back pain. Per the ACOEM guidelines, 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. It is not clear the rationale from the records for a lumbar support brace at this point in his treatment or how it will specifically help improve his function or reduce his pain. The records do not substantiate the medical necessity for a mesh lumbar support.