

<b>Case Number:</b>	CM14-0205937		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	07/06/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 33 year-old female with date of injury 07/06/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/09/2014, lists subjective complaints as pain in the low back. MRI of the lumbar spine (date not provided) demonstrated that the patient had convex scoliosis that was mild. There was no disc disease or herniation. Objective findings: Examination of the lumbar spine revealed tenderness to palpation especially on the left side. Patient could forward flex to 80/110 degrees. No other physical examination findings were documented by the requesting physician. Diagnosis: 1. Lumbosacral strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthosis Brace Lumbosacral Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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

**Decision rationale:** According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. Orthosis Brace Lumbosacral Spine is not medically necessary.