

<b>Case Number:</b>	CM15-0101046		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	06/23/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Texas, New York, 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:

The applicant is a represented 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 23, 2014. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve a request for a lumbar support. The claims administrator referenced a May 6, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said May 6, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant was asked to pursue chiropractic manipulative therapy, employ lumbar support, and employ naproxen for pain relief. The applicant was returned to regular work, the treating provider stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar brace for support:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** No, the request for a lumbar brace (AKA lumbar support) was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Here, the applicant was, quite clearly, well beyond the acute phase of symptom relief as of the date of the request, May 6, 2015, following an industrial injury of June 23, 2014. Introduction, selection, and/or ongoing usage of a lumbar support was not indicated as of this late stage in the course of the claim, per the MTUS Guideline in ACOEM Chapter 12, page 301. Therefore, the request was not medically necessary.