

<b>Case Number:</b>	CM15-0104495		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 50 year old, female who sustained a work related injury on 9/25/12. The diagnoses have included low back pain and status post lumbar fusion. Treatments have included H-Wave therapy, lumbar fusion surgery, physical therapy, use of a LSO back brace and medications. In the PR-2 dated 3/12/15, the injured worker complains of lower back pain in the left side over the hardware. It gives her trouble when sitting or when lying down horizontal in bed. She has some numbness in the right S1 dermatomal distribution. She states radiculopathy has mostly resolved. The treatment plan includes a request for a new soft lumbar support brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: soft 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 Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. The claimant had previously used a lumbar brace and long-term use is not indicated. The use of a new back brace is not medically necessary.