

<b>Case Number:</b>	CM15-0106192		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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, 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:

This is a 45 year old female patient who sustained an industrial injury to the low back and left ankle on 1/29/13. Current diagnoses included lumbar disc protrusion, lumbar spine sprain/strain, left Achilles tendon strain, left ankle sprain/strain and rule out left ankle internal derangement. Per the doctor's note dated 4/14/2015, she had complaints of low back pain and left ankle pain. The physical examination revealed tenderness and decreased range of motion of the lumbar spine and left ankle. Per a PR-2 dated 3/2//15, she had complaints of intermittent moderate to severe low back pain with radiation to the right hip and constant left ankle pain. Physical exam was remarkable for lumbar spine with tenderness to palpation to the coccyx, L3-S1 spinous processes, paraspinal musculature and sacrum with spasms, decreased range of motion, positive straight leg raise and left ankle with tenderness to palpation and decreased range of motion. The medications list includes naproxen, omeprazole, cyclobenzaprine and topical compound analgesic creams. She has had Magnetic resonance imaging lumbar spine dated 8/26/14 which showed disc protrusion at L5-S1. She has undergone surgery for left distal leg benign tumor in 1985. She has had chiropractic therapy, injections for this injury. The treatment plan included requesting authorization for a back brace, magnetic resonance imaging left ankle, magnetic resonance imaging lumbar spine, continuing chiropractic therapy, and refilling medications (Naproxen Sodium, Omeprazole, Cyclobenzaprine and topical compound creams).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Back brace lumbar:** 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, Lumbar Support.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**Decision rationale:** Back brace lumbar. Per the ACOEM guidelines, "There is no evidence for the effectiveness of lumbar supports." The cited guidelines do not recommend lumbar support for low back pain. Evidence of a recent lumbar fracture, spondylolisthesis, recent lumbar surgery or instability was not specified in the records provided. In addition, response to previous conservative therapy including physical therapy is not specified in the records provided. The request for Back brace lumbar is not medically necessary.