

<b>Case Number:</b>	CM15-0132725		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	12/17/2008
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: North Carolina

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 64-year-old female with a December 17, 2008 date of injury. A progress note dated May 1, 2015 documents subjective complaints (ongoing pain in the low back and bilateral lower extremities), objective findings (slow and slightly limping gait; lumbosacral tenderness to palpation with myofascial tightness noted; pain with range of motion of the lumbar spine; positive straight leg raise on the right), and current diagnoses (lumbosacral disc injury; lumbosacral radiculopathy; lumbosacral sprain/strain injury). Treatments to date have included imaging studies, medications, a back brace, and home exercise. The medical record indicates that the injured worker's current back brace needs to be replaced. The treating physician documented a plan of care that included a back brace for the lower back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Back brace for the low back: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Section: Low Back-Lumbar & Thoracic (Acute & Chronic) updated 5/15/2015 Back braces.

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

**Decision rationale:** The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints and is status post-lumbar laminectomy. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.