

<b>Case Number:</b>	CM15-0134232		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	07/26/2012
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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:

The injured worker is a 44-year-old female who sustained an industrial injury on 7/26/2012 resulting in right hip pain, and low radiating back pain with impaired range of motion. She was diagnosed with lumbar strain and sacroiliac joint pain; and, subsequently, lumbar disc displacement without myelopathy; lumbar and lumbosacral disc degeneration; thoracic and lumbosacral neuritis and radiculitis; and, chronic pain syndrome. Documented treatment has included physical therapy, chiropractic therapy, psychotherapy, heat, ice, and medication, all providing temporary relief. Report of 7/15/2015 states she will be attending acupuncture visits, but there is no documentation for those treatments at this time in the provided records. The injured worker continues to report radiating low back and right hip pain with impaired range of motion interfering with activities of daily living. The treating physician's plan of care includes one lumbar brace. She is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One lumbar 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, Treatment Index, Low Back, and Lumbar Supports.

**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.