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| <b>Case Number:</b>   | CM15-0166568 |                              |            |
| <b>Date Assigned:</b> | 09/11/2015   | <b>Date of Injury:</b>       | 07/09/2013 |
| <b>Decision Date:</b> | 10/09/2015   | <b>UR Denial Date:</b>       | 08/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/25/2015 |

### 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, Florida, 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 injured worker is a 39 year old male, who sustained an industrial injury on July 9, 2013. He reported immediate pain after hitting his back and landing on the floor. The injured worker was currently diagnosed as having L2-L3 disc protrusion, left S1 radiculopathy, lumbosacral sprain injury, thoracic sprain and strain injury and myalgia-myositis. Treatment to date has included diagnostic studies, physical therapy, topical ointment, Functional Rehabilitation Program evaluation, exercise, acupuncture, chiropractic care, massage, Transcutaneous Electrical Nerve Stimulation (TENS) unit and medication. Notes stated that chiropractic care, acupuncture, massage and TENS unit have not been very effective with long-term relief. On July 20, 2015, the injured worker complained of persistent thoracic and lumbosacral pain. He reported the pain to interfere with his activities of daily living. Objective findings included positive orthopedic examination findings for asymmetric loss of range of motion, pain with range of motion and palpable muscle spasm and tender points. The treatment plan included work restrictions and chiropractic care. On August 12, 2015, utilization review denied a request for a lumbar brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**Decision rationale:** This claimant was injured in 2013. He reported immediate pain after hitting his back and landing on the floor. The injured worker was currently diagnosed as having L2-L3 disc protrusion, left S1 radiculopathy, lumbosacral sprain injury, thoracic sprain and strain injury and myalgia-myositis. The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the claimant is well past the acute phase of care. There is no evidence of lumbar spinal instability, or spondylolisthesis. Therefore, this request is appropriately not medically necessary.