

<b>Case Number:</b>	CM15-0182291		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric  
 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 75-year-old male who sustained an industrial injury on 3-19-2014. A review of medical records indicates the injured worker is being treated for cervical spine sprain strain radiculitis bilateral upper extremity secondary disc herniation, lumbar spine sprain strain with lower extremity symptoms secondary to disc herniation, and possible PAR fracture. Medical records dated 7-29-2015 noted lower back pain rated a 3 out of 10. Pain was better since the last visit. Physical examination noted no change since the last visit. Treatment has included 12 sessions of chiropractic care and 5 sessions of physical therapy. Utilization review form dated 8- 26-2015 noncertified lumbar spine support purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine support, purchase:** 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 supports.

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

**Decision rationale:** This injured worker has complaints of chronic back pain. Per the ACOEM, the use of back belts as lumbar support should be avoided as they have shown little or no benefit, thereby providing only a false sense of security. Additionally, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. It is not clear the rationale from the records for a lumbar support brace at this point in the treatment. The records do not substantiate the medical necessity for a lumbar spine support.