

<b>Case Number:</b>	CM15-0195548		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	02/18/2013
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Pennsylvania

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 37 year old female, who sustained an industrial injury on 2-18-2013. The injured worker is being treated for lumbar muscle spasm, lumbar disc protrusions, lumbar neural and foraminal stenosis, radiculopathy, and lumbar sprain-strain. Treatment to date has included medications, epidural steroid injection (7-07-2015), physical therapy, work modifications, and chiropractic care. Per the handwritten Primary Treating Physician's Progress Report dated 8-10-2015 the injured worker reported lower back pain with radiating pain to the bilateral legs rated as 8 out of 10. Objective findings included tenderness to palpation of the lumbar spine L5-S1 with decreased range of motion. Work status was deferred to PTP. The plans of care included a spine surgeon consult and continue Tylenol and Advil. Authorization was requested on 9-24-2015 for aqua therapy, pain management evaluation and lumbar support purchase. On 9-24-2015, Utilization Review non-certified the request for lumbar support (brace) purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar support brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

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

**Decision rationale:** According to the MTUS there is no evidence for the effectiveness of lumbar supports in preventing back pain. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of back pain. This worker is in the chronic phase of back pain and there is no indication from the record of an acute flare up. A back brace at this phase is not medically necessary and would not be expected to be beneficial.