

<b>Case Number:</b>	CM15-0204308		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	01/12/2006
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, New York, 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 applicant is a represented 48-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 12, 2006. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve a request for lumbar brace (AKA lumbar support). The claims administrator referenced a September 10, 2015 office visit and an associated September 17, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On September 10, 2015, the applicant reported ongoing complaints of low back pain, 7/10 with medications versus 10/10 without medications. The applicant had alleged derivative issues with sleep disturbance, obstructive sleep apnea, and depression, it was acknowledged. Multiple medications, including OxyContin and Elavil were renewed and/or continued. A back brace, lumbar MRI, and 10 psychological treatments were also sought while the applicant's permanent work restrictions were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Brace to the lumbar spine:** 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:** No, the request for brace for the lumbar spine (AKA lumbar support) was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Here, the applicant was, quite clearly, well beyond the acute phase of symptom relief as of the date of the request, September 10, 2015 following an industrial injury of January 12, 2006. Introduction, selection, and/or ongoing usage of lumbar support was not indicated at this late stage in the course of the claim, per the MTUS Guideline in ACOEM Chapter 12, page 301. Therefore, the request was not medically necessary.