

<b>Case Number:</b>	CM15-0206226		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	04/27/2013
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Arizona, California  
 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 55 year old female injured worker suffered an industrial injury on 4-27-2013. The diagnoses included lumbar spine multilevel degenerative disc, multilevel spinal canal stenosis, spondylolisthesis and low back pain and leg pain as well as neurogenic claudication. On 8-13-2015 the treating provider reported she was unable to stand erect secondary to back and leg pain with positive bilateral straight leg raise. The provider noted the magnetic resonance imaging on 5-19-2015 demonstrated progression of the degenerative complex thoracolumbar scoliosis and the curve was beyond 25 degrees. On 7-15-2015 was ordered to aid in relief of low back pain. Request for Authorization date was 7-15-2015. The Utilization Review on 10-6-2015 determined non-certification for Back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar supports.

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

**Decision rationale:** According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. Length of use was not specified. The use of a back brace is not medically necessary.