

<b>Case Number:</b>	CM15-0207653		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	01/02/1999
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: 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 60 year old female, who sustained an industrial injury on 1-20-99. The injured worker is diagnosed with lumbago and lumbar-lumbosacral degenerative disc disease. Notes dated 8-18-15 and 8-24-15 reveals the injured worker presented with complaints of constant low back pain that radiates to her bilateral lower extremities as well as bilateral knee pain described as aching, sharp and tearing rated at 8 out of 10. Physical examinations dated 8-18-15 and 8-24-15 revealed lumbar midline tenderness to palpation L3-S1 and L2-S1 facet joint tenderness bilaterally. There is tenderness to palpation at the sacroiliac joint bilaterally, muscle spasms are noted. The straight leg raise is positive bilaterally and decreased sensation to touch over the L3, L4 and L5 nerve root distributions. Treatment to date has included medications reduces her pain from 9-10 out of 10 to 4-6 out of 10 per notes dated 8-18-15 and 8-24-15. A request for authorization for retrospective request for a back brace with a date of service 8-18-15 is non-certified, per Utilization Review letter dated 9-17-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Back Brace DOS 08/18/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 13th Edition (web) 2015, Low Back - Lumbar supports.

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

**Decision rationale:** Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short term use of a lumbar support for symptom relief. The MTUS Guidelines do not indicate that the use of a lumbar spine brace would improve function. The request for retrospective request for back brace DOS 08/18/2015 is determined to not be medically necessary.