

<b>Case Number:</b>	CM15-0209052		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	06/27/2005
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: North Carolina  
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 52 year old male, who sustained an industrial injury on 6-27-2005. He reported a low back injury from falling approximately 10 feet off a ladder. Diagnoses include lumbar disc protrusion, lumbosacral radiculopathy, and chronic low back pain, status post lumbar surgery. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy, and epidural steroid injections. On 7-22-15, he complained of increasing low back pain and muscle spasms due to inability to obtain medications. Pain was rated 6-7 out of 10 VAS. "The Oswestry low back disability score was currently 60%." The physical examination documented lumbar tenderness with muscle spasms. The straight leg raise test was positive on the left and there were positive lumbosacral facet loading maneuvers. The plan of care included a lumbar support brace. On 9-30-15, he reported ongoing worsening low back pain. The Oswestry score was 76%. The physical examination documented no new findings. The appeal requested authorization for a lumbar support brace. The Utilization Review dated 10-15-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.