

<b>Case Number:</b>	CM15-0020291		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	06/16/2010
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 50 year old female, who sustained an industrial injury on 06/16/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include low back pain, lumbar radiculopathy, spinal stenosis of the lumbar spine, and right joint knee pain. Treatment to date has included medication regimen and Toradol injections. In a progress note dated 01/02/2015 the treating provider reports low back pain that is rated a ten out of ten noting current pain medications to be ineffective. The documentation provided did not contain the current requested treatment of lumbar-sacral orthosis back brace and corset brace. On 01/22/2015 Utilization Review non-certified the requested treatment of lumbar-sacral orthosis Lumbar Cyber Max back brace and corset brace Cyber Tech, noting the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine, Low Back Complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO Lumbar Cyber Max back brace, corset brace cyber tech:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 301.

**Decision rationale:** ACOEM, Chapter 12 page 301 notes that lumbar support has no lasting benefit beyond the acute phase of symptom relief. The injury was on 06/16/2010 and the acute phase of injury is no longer being treated. The requested lumbar brace and corset brace are not consistent with MTUS guidelines and are not medically necessary.