

<b>Case Number:</b>	CM15-0037126		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	02/13/2014
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Physical Medicine & Rehabilitation

### 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 21-year-old male who sustained an industrial injury on 02/13/2014. Current diagnosis listed was not legible. Previous treatments included medication management, physical therapy, and acupuncture per the utilization review. Report dated 11/21/2014 noted that the injured worker presented with complaints that included low back pain and right hand pain. Physical examination was not legible. Utilization review performed on 02/05/2015 non-certified a prescription for lumbar spine support, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS, ACOEM, and Official Disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L/S Support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Lumbar supports.

**Decision rationale:** The most recent medical report provided dated 11/21/14 is handwritten and partially illegible, it states that the patient presents with lower back and right hand complaints. The listed diagnoses include Lumbar DJD, but the other diagnoses provided are illegible. The current request is for L/S SUPPORT per the 11/21/14 RFA. The patient is to remain off work until 01/10/15. ACOEM guidelines page 301 on lumbar bracing state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Low Back Lumbar & Thoracic Chapter, lumbar supports topic, states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." The treater does not discuss the reason for this request in the reports provided. There is no evidence that the patient is post-operative. No clinical evidence is provided that the patient is in an acute phase of symptom relief, is being treated for compression fracture, spondylolisthesis or instability. For treatment of non-specific LBP guidelines state evidence is very low quality. In this case, the request IS NOT medically necessary.