

<b>Case Number:</b>	CM15-0038775		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 48 year old male sustained an industrial injury on 8/2/13. He subsequently reported pain in the upper and lower back, bilateral knees and ankles. Diagnoses include lumbar and cervical strain and sprain, bilateral knee strain and sprain with internal derangement, cephalgia and bilateral ankle sprain and strain. Treatments to date include x-ray testing and prescription pain medications. The injured worker continues to experience bilateral knee, shoulder and low back pain. Upon examination, Tinel's and Phalen's signs were positive. The injured worker had reduced cervical range of motion, limited bilateral shoulder range of motion and bilateral greater tuberosity tenderness. A request for Lumbar brace was made by the treating physician.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308.

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

**Decision rationale:** According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. Therefore, the request for Lumbar Brace is not medically necessary.