

<b>Case Number:</b>	CM15-0041641		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	12/11/2008
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: Arizona, Texas

Certification(s)/Specialty: Internal 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 53-year-old female, who sustained an industrial injury on 12/11/2008. Currently she reports continued leg and low back pain. The injured worker has been diagnosed with, and/or impressions were noted to include lumbar and thoracic spondylosis. Treatments to date have included consultations; diagnostic imaging studies; physical therapy; chiropractic therapy; electromyogram and nerve conduction studies (8/2009); lumbar epidural steroid injections; functional restoration program (100 hours); thoracic bilateral branch neurotomy (11/6/14); lumbar left branch neurotomy (9/11/14); medication management; and an lumbar orthotic flexible brace (8/29/2013). The current treatment plan is noted to include a request for a replacement lumbar orthotic flexible brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Orthotic Flexible Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** According to the ACOEM chapter on low back pain, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the patient has chronic pain in the low back due to a work related injury. She continues to have chronic low back and leg pain despite conservative treatment. The patient has been using a lumbar brace despite the chronicity of her pain. The continued use of a lumbar brace is not medically necessary.