

<b>Case Number:</b>	CM15-0053539		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	05/09/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Pennsylvania  
 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:

This 52 year old female sustained an industrial injury to the neck, low back, left knee and right shoulder on 5/9/09. Recent treatment included hot and cold wrap, cortisone injections, group therapy, transcutaneous electrical nerve stimulator unit, knee brace, right shoulder surgery and medications. In a PR-2 dated 2/4/15, physical exam was remarkable for difficulty raising the right arm. The physician noted that the injured worker had ongoing instability of the left knee causing her to fall and break two toes in September 2014. The injured worker had done bariatric surgery with subsequent 120 pound weight loss. Current diagnoses included right shoulder impingement syndrome, internal derangement of left knee, discogenic lumbar condition, cervical condition with headaches and chronic pain syndrome leading to sleep disorder, anxiety, depression and stress. The treatment plan included requesting authorization for a neck pillow, neck tract, Don Joy brace, lumbar back support, back support inserts, physical therapy, electromyography upper extremities, magnetic resonance imaging cervical spine and medications (Tramadol, Trazadone, Norco, Lidoderm patches, Lunesta, Tramadol, Trazadone).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar back support and back support inserts:** 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): 298 and 301.

**Decision rationale:** According to the MTUS there is no evidence for the effectiveness of lumbar supports in preventing back pain. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of back pain. This worker is in the chronic phase of back pain and there is no indication from the record of an acute flare up. A back brace at this phase is not medically necessary and would not be expected to be beneficial.