

<b>Case Number:</b>	CM15-0059376		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	05/16/2008
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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, Tennessee  
Certification(s)/Specialty: Emergency 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 62 year old female who sustained an industrial injury on 05/16/08. Initial complaints and diagnoses are not available. Treatments to date include multiple surgeries on her feet, medications, massage therapy, and chiropractic treatments. Diagnostic studies include MRIs of the right knee and lumbar spine. Current complaints include back and bilateral knee pain. In a progress note dated 03/13/15, the treating provider reports the plan of care as continued medications, additional chiropractic treatments, and an epidural/facet injection. The requested treatment is a SLEEQ lumbar brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 purchase of SLEEQ lumbar brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back- Lumbar & thoracic, Lumbar supports.

**Decision rationale:** Lumbar support is not recommended for prevention. It is indicated for compression fractures and specific treatment of spondylolisthesis, and documented instability. It may be used for treatment of nonspecific LBP, but the supporting evidence is very low-quality evidence. In this case the patient is not suffering from spondylolisthesis or compression fractures. There is no documented instability. There is no indication for lumbosacral support. The request is not medically necessary.