

<b>Case Number:</b>	CM15-0060872		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 32-year-old male who sustained an industrial injury on 1/17/2014. His diagnoses, and/or impressions, include thoracic strain/sprain with thoracic-11-12 disc injury. Recent magnetic resonance imaging studies of the cervical, thoracic and lumbar spine were noted to have been done on 6/14/2014, a thoracic ultrasound on 7/9/2014, and thoracic/lumbar x-rays on 1/13/2015. His treatments have included home exercises and medication management. The progress notes of 3/11/2015, states complaints of a thoracic strain, and notes axial pain without radiculopathy or myelopathy. It is noted that epidural injections were denied, and that surgery is not indicated/recommended. The physician's requests for treatments include a lumbar back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Back Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- 298,301.

**Decision rationale:** Lumbar back brace is not medically necessary per the MTUS ACOEM Guidelines. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, the guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The guidelines state that proper lifting techniques and discussion of general conditioning should be emphasized. The documentation submitted does not reveal extenuating reasons to go against guideline recommendations and therefore the request for lumbar support brace is not medically necessary.