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| <b>Case Number:</b>   | CM15-0083886 |                              |            |
| <b>Date Assigned:</b> | 05/06/2015   | <b>Date of Injury:</b>       | 08/09/2013 |
| <b>Decision Date:</b> | 06/04/2015   | <b>UR Denial Date:</b>       | 04/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/01/2015 |

### 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: California  
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 53 year old male, who sustained an industrial injury on August 9, 2013, incurring back injuries after a lifting accident. He was diagnosed with lumbar disc disease, lumbosacral sprain and lumbar spinal stenosis. Treatments included physical therapy, Magnetic Resonance Imaging, multiple epidural steroid injection, physical therapy, home exercise program, weight loss program and pain medications. Electromyography studies were abnormal. Currently, the injured worker complained of constant back and leg pain. He had difficulty with activities of daily living including prolonged standing, walking sitting, bending, twisting and lifting. The treatment plan that was requested for authorization included a back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Back 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: Low Back chapter - Back brace, post operative (fusion).

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

**Decision rationale:** As per ACOEM Guidelines, lumbar supports such as Back Brace has no lasting benefits beyond acute phase for symptom relief. The back brace was requested post-operative for requested lumbar surgery. However, Utilization Review and other documentations report that requested surgery was denied. Without any documentation of approved surgery, Back Brace is not medically necessary for chronic back pain.