

<b>Case Number:</b>	CM15-0088881		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	12/02/2014
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: North Carolina  
 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:

The injured worker is a 26 year old female, who sustained an industrial injury on 12/2/14. She reported left hand and back injury. The injured worker was diagnosed as having sleep disturbance, lumbar disc displacement without myelopathy, cervicalgia, thoracic or lumbosacral neuritis or radiculitis and tenosynovitis of hand and wrist. Treatment to date has included oral medications including cyclobenzaprine and diclofenac and topical LidoPro, physical therapy, chiropractic treatment and home exercise program. (MRI) magnetic resonance imaging of cervical spine was performed on 1/6/15 and revealed minimal disc degeneration and bulging of C6-7. Currently, the injured worker complains of neck, lower back left wrist and head pain rated 8/10 with radiation to the upper back and associated with numbness, pins and needles and weakness of upper and lower extremities. The pain level is unchanged from previous visit. The injured worker notes medications are helping. Physical exam noted tenderness along trapezius and spinous process with spasm and tenderness of paravertebral muscles; tenderness of paravertebral muscles is noted of thoracic spine, restricted range of motion of lumbar spine is noted with spasm and tenderness on palpation of paravertebral muscles and tenderness to palpation over the radial side, anatomical snuff box, first dorsal compartment and TFCC of left wrist. The treatment plan included a request for lumbar brace, x-rays of left wrist, (MRI) magnetic resonance imaging of lumbar spine, manual therapy and prescriptions for Pantoprazole, Senna, Tramadol and Diclofenac.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar 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): 301.

**Decision rationale:** The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore, criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.