

<b>Case Number:</b>	CM13-0034391		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	07/03/2006
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 54 year old female who reported injury on 07/03/2006. The mechanism of injury was not specified. Her diagnosis is lumbar radiculopathy. Her past treatments included a bilateral transforaminal epidural steroid injection at L5-S1 and a sacrococcygeal joint injection on 09/18/2013. On 10/02/2013, the injured worker stated her pain had reduced 70% since the epidural steroid injections. She indicated her functional capacity had improved, she was able to sit, tolerate working, able to perform activities of daily living and able to walk and stand. The physical exam indicated her neck range of motion was limited to flexion and extension with pain and tenderness. She had a bilateral positive Spurling's test with neck pain and the lumbar range of motion was limited to flexion and extension with mild pain to extension. She had decreased sensation to the right at L5 and S1 dermatomes with a mild and tender sacrococcygeal joint region. Her thoracic range of motion was limited to extension and she had lateral rotation with pain and tenderness to the left paraspinal from T5-6 to T10-11, as well as a positive trigger point in her left mid-back with mild pain. She had severe cervical myofascial pain with a lumbosacral radiculopathy disc protrusion at L5-S1 and thoracic strain. The injured worker's medications included Celebrex, Chlorpheniramine, Compazine, Ibuprofen, Elavil 50mg, Flexeril as needed, Ambien 5mg, Vicodin 5/500mg, and Gabapentin 300mg. The treatment plan was for the injured worker to continue work and a lumbar brace as her current brace was worn and non-functional. The request for authorization form is not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEW REPLACEMENT ADJUSTABLE LUMBAR 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 (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

**Decision rationale:** The request for a new replacement adjustable lumbar brace is not medically necessary. The injured worker has a history of lumbar radiculopathy and epidural steroid injections. The California MTUS/ACOEM guidelines state, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the request for authorization dated 10/2/2013, the injured worker is past the acute phase of symptom relief and is now in the chronic phase, and according to guidelines a lumbar brace would not be beneficial. Therefore the request is not supported. As such, the request for a new replacement adjustable lumbar brace is not medically necessary.