

<b>Case Number:</b>	CM14-0152705		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	07/24/2010
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a patient with a date of injury of 7/24/10. A utilization review determination dated 9/9/14 recommends non-certification of LS brace. 8/7/14 medical report identifies low back pain with numbness and tingling down the right leg to the foot with swelling and limping. She woke up with an exacerbation two weeks earlier. On exam, there is limited ROM in the lumbar spine and ankle. There is some mild lateral malleolar non-pitting edema. She is s/p L3-L5 laminectomy. Recommendations included replacement for her old back brace, which has broken wires.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LS Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Regarding the request for LS brace, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient is well beyond the acute stage of injury and there is no indication of any spinal instability, compression fracture, or another

clear rationale for a brace for this patient. In the absence of such documentation, the currently requested LS brace is not medically necessary.