

<b>Case Number:</b>	CM14-0180172		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	10/29/2008
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 30 year old male who was injured at work on 10/29/2008. He is reported to be complaining of low back pain that radiates to his lower extremities, causing tingling into his toes. In addition, he complained of 7/10 mid-back pain. The physical examination revealed decreased range of motion of the spine, paraspinal spasms, bilateral subscapular trigger points, seated positive right straight leg raise at 25%, positive Braggart's test right, positive tenderness of the sacroiliac areas, mild loss of sensations in the L4-L5 nerve distribution, antalgic gait, and mild weakness of the right planter and dorsi-flexors. The worker has been diagnosed of Lumbar strain, right L5 radiculopathy, and rule out lumbar intervertebral disc displacement without myelopathy. Treatments have included Norco, Omeprazole. At dispute is the request for Retrospective request for a lumbar back brace, DOS 8/5/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar back brace, DOS 8/5/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

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

**Decision rationale:** The injured worker sustained a work related injury on 10/29/2008. The medical records provided indicate the diagnosis of Lumbar strain, right L5 radiculopathy, and rule out lumbar intervertebral disc displacement without myelopathy. Treatments have included Norco, Omeprazole. The medical records provided for review do not indicate a medical necessity for Retrospective request for a lumbar back brace, DOS 8/5/14. The MTUS states that Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Also when used they give a false sense of security when used for injury prevention. Therefore, the recommended treatment is not medically necessary and appropriate.