

<b>Case Number:</b>	CM14-0093695		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/06/1999
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, 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:

The records presented for review indicate that this 43 year old female was reportedly injured on May 6, 1999. The mechanism of injury is noted as a fall off a horse. The most recent progress note, dated August 22, 2014, indicates that there were ongoing complaints of neck pain, low back pain, and fibromyalgia. The physical examination demonstrated tenderness along the cervical spine facets from C4 through C7 and along the lumbar spine from L3 through S1. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy, chiropractic care, steroid injections, surgery, use of a transcutaneous electrical nerve stimulation (TENS) unit, an intrathecal drug delivery system, and oral medications. The request is for a back brace which was not certified in the pre authorization process on May 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a back brace, as outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Lumbar Support, Updated August 22, 2014.

**Decision rationale:** According to the Official Disability Guidelines, lumbar supports are not recommended for prevention of low back pain but as an option for treatment for individuals with spondylolisthesis, compression fractures, or documented instability. A review of the medical records does not indicate that the injured employee has these conditions. Considering this, this request for a back brace is not medically necessary.