

<b>Case Number:</b>	CM14-0094016		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/04/2014
<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 Internal Medicine, Pulmonary Diseases 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 injured worker is a 23-year-old female who reported an injury on 04/07/2014. The injury reportedly occurred when she leaned over to pick up a product at work and felt a sharp pain in her lower back. She is diagnosed with lumbar sprain. Her past treatments have included medications and physical therapy. On 05/12/2014, the injured worker was seen for an orthopedic evaluation. Her symptoms were noted to include left lumbar pain and spasm radiating up to her shoulder and scapular region. Her physical examination revealed limited range of motion in the lumbar spine and moderate tenderness to the left lumbar paraspinal muscles. Her medications were noted to include Motrin and Tramadol. The treatment plan included a back brace, acupuncture treatment, and an MRI of the lumbar spine. A request was received for an LSO lumbar back brace. A clear rationale for the brace was not provided. The Request for Authorization form was also not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO Lumbar Back 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); Back

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

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, lumbar supports are not recommended beyond the initial phase of acute symptom relief. The clinical information submitted for review indicates that the injured worker had lumbar spine pain following an injury on 04/07/2014. At the time the lumbar brace was recommended, she was still within the acute phase of symptom relief. However, a clear rationale for her need for a brace was not provided, as she was not shown to have severe pain or instability and documentation indicates she was improving with physical therapy. Additionally, at this time, she has exceeded the acute phase of symptom relief and further details would be needed regarding her current status in order to establish a necessity of this request. For the reasons noted above, the request is not medically necessary.