

<b>Case Number:</b>	CM14-0157858		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	08/09/2010
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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:

On August 10, 2010, this worker was lifting a pallet. As he swung to throw it on top of a stack, he felt and heard a snap in his right lumbar spine and had pain radiating down both lower extremities. He continues to have neck pain, right shoulder pain, mid back pain and low back pain attributed to the injury. Diagnoses include cervical disc syndrome, cervical radiculitis, lumbar disc syndrome, bilateral sciatica, status post lumbar spine fusion in December 2011, status post right ankle surgery in 1996, and hypertension.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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 and 301.

**Decision rationale:** According to the MTUS there is no evidence for the effectiveness of lumbar supports in preventing back pain. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of back pain. This worker is in the chronic phase of back pain

and there is no indication from the record of an acute flare up. A back brace at this phase is not medically necessary and would not be expected to be beneficial.