

<b>Case Number:</b>	CM14-0210800		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	09/25/1995
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of September 25, 1995. In a Utilization Review Report dated December 4, 2014, the claims administrator approved a request for viscosupplementation injection while denying a lumbar support. Non-MTUS ODG Guidelines were invoked in the determination. The claims administrator also referenced RFA forms and/or progress notes dated October 24, 2014. On said October 24, 2014 progress note, the applicant reported ongoing complaints of knee and low back pain. The applicant stated that he needed replacement lumbar support. The applicant also had ancillary issues with an abdominal hernia. The applicant stated that his lumbar support was wearing out. The applicant was status post earlier viscosupplementation injection. The applicant was, however, off of work, it was acknowledged. The applicant had comorbidities including diabetes for which the applicant was reportedly using glyburide-metformin. Viscosupplementation injection therapy, a lumbar support, Norco, and permanent work restrictions previously imposed by an agreed medical evaluator were endorsed, although it was acknowledged that the applicant was not working with said limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**New cybertech 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

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

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any benefit outside of the acute phase of symptom relief. Here, the applicant was/is quite clearly well outside of the acute phase of symptom relief as of the lumbar support was requested, on October 24, 2014 following an industrial injury of September 25, 1995. Introduction, selection, and/or ongoing usage of a lumbar support were not indicated at this late stage in the course of the claim. Therefore, the request for new cybertech back brace is not medically necessary.