

<b>Case Number:</b>	CM14-0213039		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	11/23/2010
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 54 year-old male with an 11/23/2010 date of injury. According to the 11/10/14 orthopedic report, the patient presents with 8/10 neck and 9/10 back pain. The diagnoses includes cervical sprain; lumbar sprain with radiation to the left lower extremity; left shoulder sprain; left knee sprain. The patient is awaiting lumbar surgical consultation. The patient is still working. On 11/26/2014 utilization review denied a replacement back brace. The reviewer states the patient had a back brace for a long time, and it is worn and needs to be replaced. The reviewer opines the brace has not done anything for the patient and denies the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine Brace:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), LS spine

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308; 301.

**Decision rationale:** The injured worker has chronic low back pain with a recent flare-up. He has used a lumbar brace for 4 years and the brace has become worn and the physician requests replacement. The injured worker is currently working. ACOEM, chapter 12, Low Back, page 301: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief. ACOEM, chapter 12, Low Back, page 308, Table 12-8, "Summary of Evidence and Recommendations": Corsets for treatment - Not Recommended. In occupational setting, corset for prevention- Optional. The physician has requested a replacement lumbar support and notes the injured worker is still working. The MTUS/ACOEM guidelines state that lumbar supports are an "option in an occupational setting." The request appears to be in accordance with MTUS/ACOEM guidelines. The request for a Lumbar Spine Brace is medically necessary.