

<b>Case Number:</b>	CM15-0009885		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	06/22/2010
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: 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 injured worker is a 57 year old male, who sustained an industrial injury on 6/22/2010. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar sprain/strain, spondylosis L4 through S1, status post right hip total arthroplasty, and status post fall secondary to right leg giving out, resulting in fractured right knee. Treatment to date was not specified. On 12/04/2015, the injured worker complained of ongoing pain in his low back, right hip, and right knee. His physical therapy had not yet started. On physical exam, he was able to stand but did get up slowly and gingerly and had difficulty with transitions. He had a Trendelenburg gait on the right side. The treatment plan included proceeding with physical therapy (once authorization obtained), a wrap around lumbar support brace, and follow-up with the orthopedic surgeon regarding his right hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Wraparound Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG Low Back Chapter.

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

**Decision rationale:** Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury, fracture or instability that may benefit from short term use of a lumbar support for symptom relief. The MTUS Guidelines do not indicate that the use of a lumbar spine brace would improve function. The request for lumbar wraparound brace is determined to not be medically necessary.