

<b>Case Number:</b>	CM15-0106165		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	11/29/2010
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 42 year old man sustained an industrial injury on 11/29/2010. The mechanism of injury is not detailed. Diagnoses include lumbar strain, lumbar disc injury, lumbar radiculopathy, and myofascial released. Treatment has included oral medications. Physician notes dated 5/12/2015 show complaints of low back and leg pain. Recommendations include follow up with spine specialist, Norco, Lidoderm patches, activity/work modifications, and follow up in three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Back Brace #01:** Upheld

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

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

**Decision rationale:** The MTUS/ACOEM Guidelines comment on the treatment for patients with low back complaints. Page 308 of this chapter provides a summary of the evidence and recommendations for a variety of treatment modalities. This summary states the following for

the use of a back brace/corset for the treatment of low back pain: A corset for the treatment of low back pain is not recommended. In this case the medical records describe the patient as using a corset-type of back brace. As noted in the above cited MTUS/ACOEM guidelines, this is not a recommended treatment. For this reason, the use of a back brace (#01) is not considered as a medically necessary device.