

<b>Case Number:</b>	CM15-0115171		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	03/26/2015
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 35 year old female, who sustained an industrial injury on 3/26/15. She reported tingling over the entire body with numbness over the right side of the body and generalized low back pain with radiation to both legs. The injured worker was diagnosed as having myalgia/myositis and contusion of the back. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of pain in the lower back with radiation to the right leg with numbness. The treating physician requested authorization for a soft lumbar brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar brace (soft):** 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): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Braces.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, lumbar brace (soft) is not medically necessary. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. In this case, the injured worker's working diagnoses are thoracic or lumbosacral neuritis; brachial neuritis; and other affections of the shoulder region. Date of injury is March 26, 2015. The requesting provider (chiropractor), according to a May 5, 2015 progress note, does not document subjective complaints or objective physical findings. The clinical rationale was to wear the lumbar brace during the functional restoration program. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. Consequently, absent clinical documentation with subjective complaints and objective clinical findings, a clinical indication and rationale and guidelines non-recommendations for lumbar supports, lumbar brace (soft) is not medically necessary.