

<b>Case Number:</b>	CM15-0117066		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 38 year old male sustained an industrial injury to the right knee, neck and low back on 12/5/14. Previous treatment included physical therapy, heat/ice application, bracing and medications. In a new patient consultation dated 5/11/15, the injured worker complained of ongoing neck, low back and right knee pain rated 5/10 on the visual analog scale. Physical exam was remarkable for cervical spine with tenderness to palpation to the spinous process, paraspinal musculature and trapezius with spasms and tight muscle bands, lumbar spine with tenderness to palpation to the paraspinal musculature and spinous process with hypertonicity, spasm, tight muscle band, decreased range of motion and positive right straight leg raise, tenderness to palpation over the sacroiliac spine and right knee with tenderness to palpation over the joint line with restricted range of motion. Sensory exam revealed decreased sensation over bilateral calves. Current diagnoses included cervicgia, lumbago, lumbar spine radiculopathy, myalgia, sleep disturbance, skin sensation disturbance, neck sprain/strain and lumbar spine sprain/strain. The treatment plan included prescriptions for Cyclobenzaprine, Lidopro ointment, Naproxen Sodium, Protonix, Senna and Ultracet, six sessions of chiropractic therapy for the right knee and lumbar spine, magnetic resonance imaging lumbar spine and requesting a lumbar brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar brace:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar brace is recommended for prevention and not for treatment. The patient sustained a chronic back pain since 2014 and the need for lumbar brace is unclear. Therefore, the request for Lumbar Brace is not medically necessary.