

<b>Case Number:</b>	CM15-0117857		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	02/15/2002
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Arizona, 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:

The injured worker is a 48 year old female, who sustained an industrial injury on 2/15/2002. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbago and myofascial pain syndrome/fibromyalgia. Treatment to date has included diagnostics, physical therapy, and medications. Currently (most recent PR2 4/20/2015), the injured worker complains of continued pain in her low back, shoulder, and neck. Her pain was somewhat controlled with medications, rated 6/10 with medication use. Current medications included Lactulose, Norco, Adipex-P, and Piroxicam. Physical exam noted tenderness at the lumbar spine and the facet joints. Full strength was noted to the lower extremities. Her work status was "permanently disabled". The treatment recommendation for a back brace was not discussed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 138. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. Length of use and indication were not specified. The use of a back brace is not medically necessary.