

<b>Case Number:</b>	CM15-0119058		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	06/08/1995
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 56-year-old male, who sustained an industrial injury on 6/08/1995. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbago. Treatment to date has included lumbar spinal surgery (unspecified) and medications. Currently, the injured worker complains of chronic low back pain. He used a combination of sleeping medication, anti-inflammatory medication, and pain medication. His transcutaneous electrical nerve stimulation unit was worn out. When asked if there was anything else that he needed, he replied that he also had a back brace with a cooling unit, non-functional because of overuse. Physical exam noted well-healed surgical scars. He was able to stand on toes and heels without difficulty, walk without problems, and squat without deviation. The treatment plan included a back brace with built in cooling unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One back brace with built in cooling unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): Lumbar supports, (2015).

**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, Lumbar supports.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, one back brace with built-in cooling unit 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 workers working diagnosis is lumbago. The date of injury is June 8, 1995. The request for authorization is May 21, 2015. According to an April 30, 2015 progress note, the injured worker had a back brace with a built-in cooling unit, but the court was worn out and nonfunctional. The injured is worker status post fusion. The guidelines show lumbar supports do not 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. Consequently, absent guideline recommendations for a back brace, one back brace with built-in cooling unit is not medically necessary.