

<b>Case Number:</b>	CM15-0127068		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	09/19/2014
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: North Carolina

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 41 year old female, who sustained an industrial injury on September 19, 2014. The injured worker reported sustaining cervical, thoracic, and lumbar contusion secondary to a fall. The injured worker was diagnosed as having cervical, thoracic, and lumbar contusions and low back pain. Treatment and diagnostic studies to date has included medication regimen, physical therapy, use of abdominal bracing, and x-ray of the cervical spine. In a progress note dated May 26, 2015 the treating physician reports complaints of intermittent occipital headaches. The treating physician noted an x-ray of the cervical spine performed on an unknown date that was remarkable for loss of cervical lordosis and a spur formation at cervical three to four. Physical therapy progress note dated April 16, 2015 noting that the injured worker has difficulty with abdominal bracing noting that it elevates to her ribs without engaging her abdominal oblique muscles and noted that the injured worker doesn't has lumbar spasms when she starts to engage the oblique muscles. The treating physician requested a lumbar soft corset to be worn intermittently, but the documentation did not indicate the specific reason for the requested equipment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Lumbar back brace:** 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): 301.

**Decision rationale:** The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.