

<b>Case Number:</b>	CM15-0128765		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	01/08/2007
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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 is a 60-year-old male with a January 1, 2007 date of injury. A progress note dated May 27, 2015 documents objective findings (slightly limping gait and uses a cane; cervical paraspinal tenderness to palpation with myofascial tightness is noted; painful range of motion of the cervical spine; some tenderness to palpation with painful range of motion of the lumbar spine), and current diagnoses (lumbosacral sprain/strain injury; cervical disc injury; lumbosacral disc injury; failed back and neck pain syndromes; lumbosacral radiculopathy). Subjective complaints were not documented for this date of service. Treatments to date have included cervical spine fusion, lumbar laminectomy, topical medications, functional restoration program, yoga, Tai-Chi, meditation, and exercise. The treating physician documented a plan of care that included a back brace.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

**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 corset is recommended for prevention and not for treatment. Therefore, the request for back Brace is not medically necessary.