

<b>Case Number:</b>	CM15-0026754		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	08/09/2009
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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, Michigan, 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:

The injured worker is a 41 year old female who sustained a work related injury August 9, 2009, described as industrial continuous trauma injury. Past history included s/p laminectomy 2009. According to a primary treating physician's progress report dated January 13, 2015 finds the injured worker presenting with a flare-up of low back pain and left hip pain. The straight leg raise was positive and sensation is decreased L5, S1 bilaterally. The handwritten report is not completely legible to this reviewer. Treatment plan includes a back brace, ergo chair and defers lumbosacral epidural steroid injection. Work status is documented as return to work with modified duty. According to utilization review dated January 27, 2015, the request for Quick-draw Back Brace is non-certified, citing ACOEM Practice Guidelines and ODG, Low Back Chapter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Quick-draw back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back chapter.

**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 Quick-draw back brace is not medically necessary.