

<b>Case Number:</b>	CM15-0074975		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 York, Tennessee

Certification(s)/Specialty: Emergency 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 32-year-old male, with a reported date of injury of 01/17/2014. The diagnoses include thoracic spine strain/sprain. There was no diagnosis listed regarding the lumbar spine. Treatments to date have included an MRI of the lumbar spine, x-rays of the lumbar spine, oral medications, and home exercise program. The progress report dated 03/11/2015 indicates that the injured worker complained of the thoracic spine pain with radiation to the shoulders and low back pain. He rated his back pain 10 out of 10 and his leg pain 2 out of 10. The physical examination of the lumbar spine showed normal neuro-motor evaluation, a brisk gait with good coordination, mild pain on palpation of the lower lumbar spine, intact sensation to light touch, negative bilateral straight leg raise test, and no atrophy of the bilateral quadriceps or calves. The treating physician requested a lumbar back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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): 298.

**Decision rationale:** Lumbar back brace is a lumbar support. There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies. In this case spinal instability is not supported by medical documentation. There is no indication for lumbar brace. The request should not be authorized. Therefore the request is not medically necessary.