

<b>Case Number:</b>	CM15-0078022		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	02/17/2010
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 was a 42 year old male, who sustained an industrial injury, February 17, 2010. The injured worker previously received the following treatments Gabapentin, left shoulder revision arthroscopic surgery, Flexeril, left shoulder MRI, 3 left shoulder cortisone injections, epidural injections, Norco, Trazodone, home exercise program, Tizanidine, lumbar spine MRI, left shoulder MRI and psychiatric services. The injured worker was diagnosed with chronic radiculopathy C5, C6, C7 greater on the left, moderate right carpal tunnel syndrome, lumbosacral sprain with radiculopathy symptoms, cervical sprain with radicular symptoms and left shoulder acromioclavicular joint separation. According to progress note of April 1, 2015, the injured workers chief complaint was low back pain with radiation to the lower extremities and left shoulder pain. The physical exam noted limited range of motion of the left shoulder, cervical spine and lumbar spine. The treatment plan included lumbar spine brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine 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:** 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 and is status post-lumbar laminectomy. 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.