

<b>Case Number:</b>	CM15-0091602		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: California  
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 68 year old male, who sustained an industrial injury on 7/18/2011. Diagnoses include repetitive strain injury, myofascial pain syndrome, lumbosacral sprain/strain injury, lumbosacral disc injury, hip sprain/strain injury and status post left hip replacement (8/25/2014). Treatment to date has included medications including Norco 5/325mg. Per the Primary Treating Physician's Progress Report dated 4/16/2015, the injured worker reported a lot of pain and discomfort. Physical examination revealed lumbosacral tenderness to palpation with myofascial tightness noted. The plan of care included medications, exercise and bracing and authorization was requested for 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 Page(s): 301, Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** As per ACOEM Guidelines, lumbar supports such as lumbar brace has no lasting benefits beyond acute phase for symptom relief or signs of instability. Patient's pain is chronic and there is no documented instability. There is no rationale as to why a brace was needed. Lumbar brace is not medically necessary.