

<b>Case Number:</b>	CM15-0092993		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	10/22/1991
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 67-year-old male, who sustained an industrial injury on 10/22/1991. The injured worker is currently diagnosed as having lumbar spinal stenosis, lumbar strain, and status post right total knee replacement and revision. Treatment and diagnostics to date has included physical therapy, home exercise program, and medications. In a progress note dated 04/14/2015, the injured worker presented for a re-evaluation of his lumbar spine and right knee conditions. The injured worker states that physical therapy has been helpful in alleviating a lot of his pain. Objective findings include minimally antalgic gait, mild lumbar spine tenderness, and improved motion to the right knee. The treating physician reported requesting authorization for a lumbar support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Online version), Back braces/Lumbar supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 1 Prevention Page(s): 9 and 298, 301.

**Decision rationale:** Lumbar support is not medically necessary per the MTUS ACOEM Guidelines. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, the guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The guidelines state that proper lifting techniques and discussion of general conditioning should be emphasized. The documentation submitted does not reveal extenuating reasons to go against guideline recommendations and therefore the request for lumbar support is not medically necessary.