

<b>Case Number:</b>	CM13-0017315		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	07/22/2004
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, and is licensed to practice in Massachusetts, New Jersey, Connecticut, and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57 year old male who was injured on 7/22/04; the mechanism of injury was not provided for review. Current diagnoses include lumbar/lumbosacral disc degeneration, lumbar disc displacement, depressive disorder, and anxiety state. The clinical note dated 4/11/14 indicates that the injured worker presented with complaints of bilateral low back pain with radiation to the bilateral lower extremities rated at 10/10 on the pain scale without medications, and 7/10 on the pain scale with medications. The injured worker has associated symptoms including bilateral lower extremity weakness, numbness, and tingling. The injured worker also complains of depression and interference with sleep. The injured worker has recently undergone aquatic therapy. Physical examination reveals an obese male in mild distress, anxious and depressed, antalgic gait with utilization of cane, forward flexed body posture, and standing during appointment due to pain. The documentation indicates the injured worker has received clearance from primary care physician to attend a detox program. Current medications include Aspirin 81mg, Atenolol, Flexeril 10mg every 6 hours, Losartan, Metformin, Morphine ER 60mg (2 tabs twice daily), Oxycodone 5mg (every 3 hours), Potassium, Simvastatin, and Wellbutrin 150mg once daily. The injured worker was prescribed Flector 1.3% transdermal every 12 hours, Lidoderm 5% (3 patches once daily), and Lunesta 2mg every night.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE LUMBAR BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, page(s) Lumbar supports.

**Decision rationale:** As noted in the current Chronic Pain Medical Treatment Guidelines, a lumbar support (corset) is not recommended for the treatment of low back disorders. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (very low-quality evidence, but may be a conservative option). There is no indication in the documentation that the injured worker has been diagnosed with compression fractures or instability. As such, the request for one lumbar brace cannot be recommended as medically necessary.