

<b>Case Number:</b>	CM13-0029514		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	10/22/2010
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 a licensed Doctor of Chiropractic has a subspecialty and is licensed to practice in California. 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:

According to the medical records the patient is a 43 year old female who sustained an injury to her lower back, right arm; right shoulder and right foot after a slip and fall incident on 10/22/2010. Extensive treatment has been rendered to the lower back. Per the records submitted these included medications, acupuncture, and lumbar facet injections at L4/5 and L5/S1. An orthopedic consultation was also provided which resulted in the ESI. MRI dated 3/23/2011 demonstrates L3/L4 2 mm posterior disc protrusion and L4/L5 4 to 5 mm posterior disc protrusion. Also, an increased signal is seen posteriorly consistent with an annular tear per the radiologist's report. ESI injection provided 70% decrease in low back pain per the PTP's report after the injection was provided. The records do not provide any mention of chiropractic therapy or prior bracing. Request is being made for a DME LSO Back Support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: LSO back support purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation ODG, Low Back Section, Back Brace.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Ergonomic Tactics to Prevent Neck and Back Musculoskeletal Complaints and Disorders

Page(s): 8-. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Supports Section Chapter 12, Low Back Section pages 298-301.

**Decision rationale:** MTUS Occupational Medicine Practice Guidelines, Ergonomic Tactics to Prevent Neck and Back Musculoskeletal Complaints and Disorders Section p. 8-9 states: "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." ODG Low Back Section, page 298 and 301 state: "There is no evidence for effectiveness of lumbar supports in preventing back pain in industry....Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The same ODG section states: " Lumbar supports are not recommended for low back pain prevention but they are recommended as an option for treatment of compression fractures, and specific treatments of spondylolisthesis, documented instability, and for treatment of non-specific low back pain." Furthermore this section continues to explain that "For treatment of non-specific low back pain compared with no lumbar support, an elastic belt may be more effective than no belt at improving pain (measured by visual analogue scale) and at improving functional capacity (measured by EIFEL score) at 30 to 90 days in people with sub-acute low back pain lasting 1 to 3 months. The patient's condition is chronic and well established and is well past an acute phase. Since there are no records of functional improvements provided and given that the evidence is overwhelmingly against the use of lumbar supports in the ODG and Occupational Medicine Practice Guidelines in chronic cases I find that DME LSO Back Support is not medically necessary and appropriate.