

<b>Case Number:</b>	CM13-0060551		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 57-year-old male with date of injury of 10/18/2013. The listed diagnoses per [REDACTED] dated 11/08/2013 are: 1. Lumbar sprain. 2. Thoracic or lumbosacral neuritis or radiculitis, unspecified. According to the progress report dated 11/08/2013, the patient complains of low back pain. The patient notes a straining sensation in the low back region. He further states that with bending, twisting, lifting, carrying, pushing, and pulling, it sometimes causes his lower back to feel as if it were to "give way". He also notes a pinching sensation at the left lower extremity that causes a sharp pain. The patient also states that the pain radiates from his lower back into his waist and sciatic regions and travels down to the back of the left knee and left calf. The physical examination shows straight leg raise produces pain at 50 degrees on the right and 50 degrees on the left. The palpation of L1, L2, L3, L4, L5, and S1 reveals moderate paraspinal tenderness bilaterally. The treater is requesting a soft lumbar brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 SOFT LUMBAR BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301-308. Decision based on Non-MTUS Citation Disability Guidelines (ODG) Low Back Chapter, Postoperative Lumbar Bracing

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting 1 soft lumbar brace. The utilization review dated 11/25/2013 denied the request stating that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief". ODG further states that lumbar supports are not recommended for prevention and there is strong and consistent evidence that lumbar supports are not effective in preventing neck and back pain. In this patient, the x-ray report dated 11/15/2013 showed mild osteopenia (most likely secondary to his senile osteoporosis), discogenic spondylosis, and moderate from L3-S1 and mild from L1-L3. There is no evidence of instability, spondylolisthesis or fracture. The patient presents with non-specific low back pain for which there is very low quality evidence for the use of lumbar bracing. Given the lack of support from ACOEM and ODG, recommendation is for denial.