

<b>Case Number:</b>	CM13-0060786		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/30/2007
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, 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 physician 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 an "age unknown" male with a date of injury of 07/30/2007. The listed diagnoses per [REDACTED] dated 11/11/2013 are: 1.) Displacement lumbar disk without myelopathy, 2.) lumbago, 3.) sciatica. According to report dated 11/11/2013, the patient presents with complaints of "severe pain in his lumbar spine." The patient states his pain is 7/10 to 8/10. The pain is described as constant, radiating proximally to his upper back and down into his legs associated with numbness, tingling, burning, throbbing, and stabbing sensations. Examination showed patient had loss of lordotic curvature. It was noted he substitutes with hip flexors during all range of motion testing. Sitting straight leg raising is benign. The patient does have evidence of sciatica with lower extremity radiculopathy. Treater notes the patient has history of spinal stenosis and requests a replacement of lumbar brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment (DME) - Replacement Lumbar Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 301. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Lumbar Support

**Decision rationale:** According to report dated 11/11/2013 by [REDACTED], the patient presents with continued complaints of severe low back pain. The treater requests lumbar brace replacement. 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 Guidelines regarding lumbar supports states, "Not recommended for prevention, however, recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific lower back pain (very low quality evidence but may be a conservative option)." In this case, the patient does not present with fracture, instability, spondylolisthesis to warrant lumbar bracing. ODG guidelines do discuss non-specific back pain as an indication but this has very low quality evidence. Chronic use of lumbar bracing can result in weakness of the spinal muscles which appears to be what is happening with this patient. The patient should be weaned off of bracing given the lack of indication. Recommendation is for denial.