

<b>Case Number:</b>	CM13-0061558		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/09/2010
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 and 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 45 year old male with an injury date on 08/09/10. Based on the 10/01/13 progress report provided by [REDACTED], the patient's diagnosis include status post L4 to S1 hemimicro laminotomy and discectomy (12/02/11). There is also pain with terminal motion and seated nerve root test is positive. [REDACTED] requests for a purchase of the lumbar spine support. The utilization review determination begin challenged is dated 11/19/13 and recommends denial of the lumbar spine support purchase. [REDACTED] is the requesting provider, and he provided three treatment reports from 01/28/13- 10/01/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR SPINE SUPPORT FOR PURCHASE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Pages 298-301 and the Official Disability Guidelines, criteria for lumbar supports.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine, 2nd Edition, 2004, Pages 9, 301, and 340 and Official Disability Guidelines (ODG) ODG-TWC Guidelines, Lumbar Supports.

**Decision rationale:** According to the 10/01/13 progress report by [REDACTED], the patient presents with persistent pain of the low back that radiates to the lower extremities and tenderness of the lumbar spine from the mid to distal lumbar segments. The request is for lumbar spine support for purchase. The request was denied by utilization review letter dated 11/19/13. ACOEM Guidelines page 301 states, "Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief." Page 9 of ACOEM Guidelines also 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 Guidelines also states that it is not recommended for prevention and for treatment. It is an option for fracture, spondylolisthesis, documented instability, and for nonspecific low back pain (very low quality evidence.) Given the lack of ACOEM and ODG Guidelines support for use of lumbar bracing, recommendation is for denial.