

<b>Case Number:</b>	CM14-0111147		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/21/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 Emergency Medicine and is licensed to practice in 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 63-year-old male who reported an injury after being struck by a piece of metal and falling on 01/21/2011. The clinical note dated 06/09/2014 indicated diagnoses of lumbar myoligamentous with associated bilateral lower extremities radicular symptoms; lumbar facet syndrome. The injured worker reported pain in his low back that radiates to both lower extremities. He rated his low back pain 6/10 and he reported this was manageable on his current medication regimen. The injured worker reported the current medical regimen enabled him to perform simple chores around the house with less pain. The injured worker reported he requested a trigger point injection since they consistently provided good, 50%, relief lasting a good week, enabling him to sleep better at night. The injured worker reported he had responded to the lumbar epidural steroid injections in the past which had been beneficial with his last epidural steroid injection done 05/03/2012 which provided 3 months of relief with improvement in mobility and activity tolerance. The injured worker reported due to his ongoing pain, he continued to use his lumbosacral orthosis when he went shopping which did help alleviate pain, as well as provide support. The injured worker reported he received the brace about 4 years ago; however, it was not fitting properly as the straps were worn out. The injured worker reported he was requesting to replace his back brace. On physical examination of the lumbar spine, there was tenderness to palpation of the posterior lumbar musculature bilaterally with increased muscle rigidity, as well as trigger points that were palpable throughout the posterior lumbar musculature. The injured worker had decreased range of motion; however, he was able to flex bringing his fingertips to about the level of his knees and extension was only limited to 10 degrees. The injured worker had pain with both maneuvers, but worse with flexion. The injured worker's deep tendon reflexes was 2 in the patella and 1 in the Achilles tendon bilaterally. The injured worker's sensory exam was decreased along the posterolateral thigh and lateral calves

bilaterally. The injured worker had a positive straight leg in a modified sitting position at about 30 degrees to 45 degrees. The injured worker's treatment plan included refill medications, followup, request for acupuncture, and a request for lumbar support brace. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, Ultram, Anaprox, Fexmid, Protonix, Topamax, Sonata, and Prilosec. The provider submitted a request for lumbar support back brace. A request for authorization dated 06/10/2014 was submitted for LSO back support; however, rationale was not provided for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**LSO Back Support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The request for LSO Back Support is not medically necessary. The CA MTUS/ (ACOEM) guidelines on lumbar support (corset) is not recommended for the treatment of low back disorders. The guidelines also state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The documentation submitted did not indicate the injured worker had vertebral instability or spondylolisthesis. In addition, the guidelines state lumbar supports do not have any lasting benefits beyond the acute phase of symptom relief. Furthermore, the guidelines do not recommend lumbar back brace for treatment of low back disorders. Therefore, the request is not medically necessary.