

<b>Case Number:</b>	CM14-0163229		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	07/02/2009
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Internal Medicine 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:

This is a case of a 74 years old male with a date of injury of 7/2/2009. He injured his back and groin while lifting heavy boxes while working as a bellhop for [REDACTED]. In a primary treating physicians report by [REDACTED] dated 9/8/2014, he reports that the patient is complaining of constant sharp/stabbing low back pain and constant bilateral sharp/shooting anteroposterior buttock/leg pain which he rates 7/10 and 6/10 respectively, accompanied by bilateral leg numbness. There is mild tenderness to lumbar spine palpation, no misalignment, asymmetry or crepitation. The patient has decreased range of motion with lumbar flexion, extension, right lateral bending, left lateral bending, right and left rotation. He has no instability laxity or subluxation and no abnormal paraspinal muscle strength and tone. MRI of the lumbar spine from 8/29/2011 revealed lumbar spinal stenosis at L3-4 and L4-5 with moderate to large disc protrusions. He is diagnosed with lumbar spinal stenosis, lumbar pain, lumbar radiculopathy, lumbar sprain, and sciatica. He has been treated with multiple modalities including NSAID's, Tylenol, physical therapy, epidural injections, and yoga without significant benefit. It was recommended that he obtain a [REDACTED] lumbar support orthotic brace since he lost his last one. The brace provides several benefits such as reduce pain by restricting mobility of the trunk, facilitate healing following an injury to the spine or related soft tissue and support weak spinal muscles and /or a deformed spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] lumbar support orthotic brace -- purchase: Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 8/22/14), Lumbar Supports

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 298-300.

**Decision rationale:** The occupational practice guidelines suggest that the use of back belts and lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Lumbar supports have not shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the patient does suffer from chronic low back pain related to spinal stenosis as well as lumbar pain, sprain, radiculopathy and sciatica. A lumbar support/back brace is not indicated in the treatment of chronic back pain. Therefore, based on occupational practice guidelines and the evidence in this case, the request for a [REDACTED] lumbar support orthotic brace is not medically necessary.