

<b>Case Number:</b>	CM14-0031419		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	05/05/2008
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 69-year-old male who reported an injury on 05/05/2008 lifting. The injured worker had a history of low back pain that is 20% better with rest. Upon examination on 12/23/2013, the injured worker had left lower leg pain, right knee pain, bilateral hand pain, bilateral shoulder pain, bilateral sciatic nerve pain. Frequent (51 to 75% of awake time) upper lumbar pain bilaterally (rating pain 9/10), intermittent (26 to 50% of awake time) burning pain, numbness and tingling down from left buttocks to the thigh to left foot (pain 5-6/10), frequent (51 to 75% of awake time) pain and numbness down to the right side of the buttocks, thigh and foot (pain 5-6/10), insomnia, and persistent and worsened urinary incontinence, with significant loss in sexual function from reaction with pain medication. Plantar flexion is 4/5 bilaterally and dorsiflexion is 4+/5 bilaterally. The injured worker is positive for straight leg raise and positive for sitting roots. The lumbar range of motion testing showed flexion 10 degrees and extension at 0 degrees. The injured worker had decreased sensation of bilateral lower of L5, S1 and severe lumbar muscular spasm with difficulty moving. The injured worker had a diagnoses of lumbar disc budge with radiculitis, status failed 6 epidural rule out epidural hematoma, status failed post op radiofrequency desensitization, urinary incontinence, sexual dysfunction secondary to complication of failed radiofrequency desensitization, and insomnia. Medications were topical Transdermal Creams, Omeprazole 20 mg and Tramadol 50mg. Treatments included physical therapy, activity modification, 5 epidural steroid injections, radio frequency desensitization and medication. The request for authorization form was dated 12/27/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR SPINE SUPPORT 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, lumbar supports.

**Decision rationale:** The request for lumbar spine support brace is not medically necessary. The injured worker has a history of back pain. Low Back Complaints, /ACOEM guidelines state that lumbar supports have not been show to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines (ODG) states that lumbar supports do not prevent lower back pain. A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. The injured worker's back pain is better with rest and medication. There is lack of evidence that a lumbar spine support brace would benefit the injured work. In addition, the injured worker is 6 years status post injury and is no longer in the acute phase. As such the request is not medically necessary.