

<b>Case Number:</b>	CM14-0040718		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/30/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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, has a subspecialty in Pain 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:

The patient is a 47-year-old with a date of injury of September 30, 2012. The listed diagnoses per [REDACTED] are isthmus spondylolisthesis at L5-S1, lumbar radiculopathy, multilevel disk herniations of lumbar spine with moderate to severe neuroforaminal narrowing, and multilevel disk herniations of thoracic spine with mild to moderate canal stenosis. According to progress report January 22, 2014 by [REDACTED], the patient presents with an increased back pain that he rates as 8/10 on pain scale. He has burning pain and numbness down both legs, down to his feet, right side greater than left. He does note some increase numbness into his toes and the lateral part of the foot. Examination revealed mild antalgic gait due to knee pain. He has diffuse tenderness to palpation of the lumbar spine greater into the midline with bilateral paraspinal spasm. Range of motion is decreased in all planes. The treating physician is requesting mesh back support. Utilization review denied the request on March 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Back Brace:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), page 301.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), page 301, as well as the Non-MTUS Official Disability Guidelines (ODG).

**Decision rationale:** This patient presents with increased back pain with numbness down both legs down to his feet. There was a decrease in sensation in L4 to S1 dermatomes on the right. The treating physician is requesting a mesh back support brace. Utilization review denied the request stating guidelines do not recommend the use of lumbar supports for the treatment of chronic back pain. The Low Back Complaints Chapter of the ACOEM Practice Guidelines says that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG guidelines regarding lumbar support states that it is not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondyloisthesis, documented instability, and for treatment of nonspecific low back pain (very low-quality evidence, but may be a conservative option). In this case, the patient has a diagnosis of isthmia spondylolisthesis and the ODG guidelines seem to support the use of back brace for this condition. The request for a back brace is medically necessary and appropriate.