

<b>Case Number:</b>	CM14-0042805		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	05/15/2003
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 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 patient is a 61-year-old female, with a date of injury of 5/15/03. The patient has a back injury with mechanism of injury bending over to pick up a heavy rubber floor mat. She felt a pop sensation with severe low back pain that radiated to the left leg. The patient had an MRI done, and this did show degenerative joint disease (DJD) and disc disease. The MRI does not reflect spondylolysis/spondylolisthesis. Due to failure of conservative care, a lumbar fusion was recommended. Authorization was not granted for the recommended surgery, and the patient was deemed Permanent and Stationary on 8/29/13, with diagnoses of cephalgia, lumbar multilevel spondylosis, lumbar degenerative disc disease, bilateral S1 radiculopathy, discogenic pain, major depression and gastritis. The patient was noted to have reached maximum medical improvement (MMI). Impairment was rated. Future medical recommendations include an orthopedic follow-up, physical therapy, acupuncture and/or chiropractic care. A transcutaneous electrical nerve stimulation/interferential (TENS/IF) unit may be helpful. Medications are recommended. Injections may be necessary. The patient is note to be a surgical candidate. The patient has had multiple lumbar supports in the past. At one point, she reported it was stolen at the gym. More recently, it is noted to not be working, due to poor elasticity. A replacement brace was recommended, and this was submitted to Utilization Review, with an adverse determination rendered on 3/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) replacement back brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 and 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Supports; and Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), Revised 2nd Edition, (2011), Chapter 9, Low Back Disorders, page 338.

**Decision rationale:** With regards to lumbar bracing, the guidelines support bracing following lumbar surgery, or for patients with clear findings of intervertebral instability/spondylolisthesis, but do not support lumbar supports for the prevention or treatment of low back pain otherwise. This patient has not had prior surgery and has no diagnostic imaging that is suggestive of intervertebral instability/spondylolisthesis. There is no medical necessity for a replacement back brace.