

<b>Case Number:</b>	CM14-0046662		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/24/2009
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 53-year-old with a reported date of injury of 10/24/2009 which occurred when the patient was bending over a freezer. The patient has the diagnoses of discogenic low back pain L2-5 with artificial disc replacement. Treatment modalities have included pain medication, surgery and acupuncture. Progress reports provided by the primary treating physician dated 02/05/2014 note the patient has complaints of increased left-sided back pain with spasm. Physical exam showed decreased range of motion in the lumbar spine with tenderness to palpation in the left lumbar paraspinals and quadratus lumborum. The treatment plan consisted of airform back brace and pain medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(LSO) Lumbar Sacral Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Lumbar Supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-301. Decision based on Non-MTUS Citation ODG-low back pain, lumbar supports.

**Decision rationale:** Per the ACOEM section on low back complaints states lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG section on low back complaints recommends lumbar supports as an option for treatment of compression fractures and specific treatment of spondylolisthesis, documented instability and for the treatment of nonspecific low back pain (very low-quality evidence but may be a conservative option). The review of documentation does not show evidence of compression fracture or instability or spondylolisthesis. The patient also does not have nonspecific back pain but rather a specific cause in the diagnoses of discogenic back pain. The fact is that the ACOEM does not support the use of back braces past the acute phase and the fact that the ODG has very specific guidelines with weak evidence of support for back braces in specific conditions. The patient is past the acute phase of back pain and does not have the diagnoses supported by guidelines and thus the request not medically necessary.