

<b>Case Number:</b>	CM14-0095455		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/26/1998
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 & 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:

The patient is a 72 year old female with date of injury 10/26/98. The treating physician report dated 5/12/14 indicates that the patient presents with chronic pain affecting the lumbar spine that is rated an 8-9/10 without medications and a 5/10 with medications. She is currently taking Xanax, Celebrex, Zanaflex and is starting a prescription of Ultram. The utilization review report dated 5/22/14 denied the request for a back brace based on the MTUS guidelines.

### 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 ACOEM. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Low Back: Lumbar supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308.

**Decision rationale:** The patient presents with chronic lumbar pain without radiculopathy and no new injuries are reported. The current request is for a back brace. The treating physician reports reviewed dated 5/12/14, 5/1/14, 4/1/14 and 2/10/14 all indicate that the patient is being treated with pain medication management and there is no mention of any acute findings nor is there a request found for a back brace. The ACOEM Guidelines state, Lumbar supports have not been

shown to have any lasting benefit beyond the acute phase of symptoms relief. Corsets for treatment - Not Recommended. In occupational setting, corset for prevention- Optional. In reviewing the ODG guidelines it states, Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Neither ACOEM nor ODG support use of lumbar supports for chronic low back pain. For treatment of nonspecific LBP, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analogue scale) and at improving functional capacity (measured by EIFEL score) at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. Therefore, the request for back brace is medically necessary and appropriate.