

<b>Case Number:</b>	CM14-0099356		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	12/27/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 50-year-old male with a 12/27/10 date of injury. The mechanism of injury was not provided. The UR decision dated 6/9/14 refers to a progress note dated 12/20/13, however it was not provided for review. According to the 12/20/13 progress note, the patient complained of persistent low back pain and spasm. Physical examination revealed tenderness to palpation to the lumbar spine with muscle spasm to the paralumbar musculature. The range of motion in flexion was 40 degrees, extension was 15 degrees, and lateral flexion was 20 degrees. There was positive straight leg raising test and Kemp's test. The provider recommended a lumbar ESI at L2-L3, L3-L4, and L4-L5, internal medicine evaluation for surgical clearance, back brace for support, medications, and follow-up visit in 6 weeks. Diagnostic impression: herniated lumbar spine with radiculopathy and radiculitis, status post right inguinal hernia repair with open complicated infection, stasis edema of both legs, diabetes mellitus. Treatment to date: medication management, activity modification. A UR decision dated 6/9/14 denied the retrospective request for lumbar brace. The submitted documentation does not include diagnostic imaging such as flexion and extension x-rays and an MRI to see if there was really instability in the lumbar spine. In addition, the submitted documentation does not outline significant deficits, as this patient has only pain, tenderness, spasm, and limited range of motion on examination. There was also no clear evidence that the patient has functional limitations, as this patient was working full duty on 12/20/13. Given this information, the medical necessity for the requested lumbar brace was not established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request (DOS: 12/20/13) for a lumbar brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Low Back Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter Lumbar Support.

**Decision rationale:** CA MTUS does not address this issue. Per ODG Lumbar supports are not recommended for prevention in neck and back pain. They are recommended as an option for treatment 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). However, guidelines only support back braces in the acute phase of injury. In addition there is no evidence that the patient has instability or compression fractures. There was also no clear evidence that the claimant has functional limitations, as this claimant was working full duty on 12/20/13 with no limitations or restrictions. Therefore, the request for Retrospective request (DOS: 12/20/13) for a lumbar brace was not medically necessary.