

<b>Case Number:</b>	CM14-0187298		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

69 year old female certified nurse assistant injured her lower back and foot at work on 18 Jan 2013. She has been diagnosed with lumbosacral arthritis, spinal stenosis at L5-S1, left hip calcification and fracture of 5th metatarsal right foot with non-union. Comorbid conditions include osteoporosis. At her last provider visit (6 Oct 2014) she complained of severe lumbosacral pain that worsens with sitting and standing, persistent left hip pain and persistent right 5th toe pain. On exam she has lumbosacral tenderness, left hip tenderness and tenderness over her 5th metatarsal. Lumbar MRI (9 Oct 2013) showed multilevel lumbar degenerative changes and spinal canal narrowing L2-S1. Low back X-rays (6 May 2014) showed levoscoliosis, degenerative changes in facets at L4-5 and L5-S1 and no instability on flexion or extension. Left hip MRI (9 Oct 2013) showed left hip effusion. Dexa scan (23 Oct 2014) showed osteoporosis. Treatment has included physical therapy, chiropractic therapy, trigger point injections, acupuncture, biofeedback and medications (Menthoderm, Promolaxin, Naprosyn, Tramadol).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Back Brace for Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-8. Decision based on Non-MTUS Citation North American Spine Society (NASS). Diagnosis and treatment of degenerative lumbar spinal stenosis. Burr Ridge (IL): North American Spine Society (NASS); 2011. 104 p. [542 references].

**Decision rationale:** A back brace is a device designed to limit the motion of the spine. It is used in cases of vertebral fracture or in post-operative fusions, as well as a preventative measure against some progressive conditions or for work environments that have a propensity for low back injuries. The ACOEM guideline does not recommend use of a back brace or corset for treating low back pain as its use is not supported by research based evidence. The North American Spine Society guidelines for treating lumbar spinal stenosis recommends use of a low back brace only when required for activities of daily living but notes any benefits from its use goes away as soon as the brace is removed. Although this patient does experience worsening pain on sitting and standing there is no mention of significant impairment in most of her activities of daily living. Considering the known science and the patient's documented impairments there is no indication for use of a back brace in treating this patient at this time.