

<b>Case Number:</b>	CM14-0069728		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/14/2000
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Occupational Medicine 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 individual is a 67 year old male who has increasing chronic low back pain subsequent to an injury dated 5/14/2000. He has been diagnosed with a right lower radiculopathy. MRI studies show advanced spondylolithesis with lower lumbar foraminal compression of the nerve roots. X-rays show bone on bone degeneration. He has had surgery x 2 and has been opinioned by a spine specialist to have instability due to the advanced degeneration and prior laminectomies. He is treated with oral analgesics and is reported to have poorly controlled pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BOA (Back Orthotic Appliance) back brace:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back acute and chronic, Lumbar supports

**Decision rationale:** MTUS Guidelines are in general not supportive of lumbar bracing for chronic low back pain. However, the MTUS Guidelines do not address unusual circumstances

that may justify at least a trial of back bracing. ODG Guidelines do address these circumstances and allows for a trial of lumbar supports if there is instability secondary to a fracture, listhesis or surgery. This individual qualifies for a back brace under exceptional circumstances due to findings of bone on bone degeneration and posterior element compromise due to prior surgeries. This level of deterioration would be associated with an instability and guidelines support a back brace under these unique circumstances. The back brace is medically necessary.

**Consultation regarding facet injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 , Facet joint pain signs and symptoms.

**Decision rationale:** MTUS Guidelines do not address this issue in adequate detail. ODG Guidelines address this issue in detail and address what are thought to be reasonable clinical findings suggestive of facet joint pain. In the records reviewed, there is no documentation of an exam that evaluates this diagnosis. Without a reasonable medical evaluation for facet joint pain, a referral is not supported by guidelines and is not medically necessary.