

<b>Case Number:</b>	CM14-0083762		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/13/2012
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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: Emergency 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:

The injured worker is a 43 year old female who sustained a work related injury on 10/13/12. She reports constant pain in the back and neck and difficulty sleeping. Diagnoses are not listed on any progress note submitted for review. Treatment to date is physical therapy, medications, and a Toradol injection. In a progress note dated 04/17/14, the treating provider reports tenderness in the cervical spine and decreased range of motion. Cervical spine ESI and Cervical spine surgery are mentioned as possible future treatments. On 05/23/14 Utilization Review non-certified lumbar spine back brace and an ergonomic chair, citing MTUS, ACOEM, and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine Support Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports

**Decision rationale:** The requested Lumbar Spine Support Brace is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker has pain in the back and neck and difficulty sleeping. The treating physician has documented tenderness in the cervical spine and decreased range of motion. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, Lumbar Spine Support Brace is not medically necessary.

**Ergonomic Chair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lumbar, Ergonomic Interventions

**Decision rationale:** The requested Ergonomic Chair is not medically necessary. ODG, Lumbar, Ergonomic Interventions, note that such interventions are: "Recommended as an option as part of a return-to-work program for injured workers. But there is conflicting evidence for prevention, so case by case recommendations are necessary (some literature support in low back though conflicting evidence, lack of risk)." The injured worker has pain in the back and neck and difficulty sleeping. The treating physician has documented tenderness in the cervical spine and decreased range of motion. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, Ergonomic Chair is not medically necessary.