

<b>Case Number:</b>	CM15-0001532		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	03/29/2014
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Colorado

Certification(s)/Specialty: Family Practice

### 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 male who sustained an industrial injury on 3/29/2014. He has reported low back pain. The diagnoses have included lumbosacral disc injury at L3-L4, lumbosacral sprain/strain, right S1 lumbosacral radiculopathy and myofascial pain syndrome. Treatment to date has included approximately 6 sessions of physical therapy and medication management. Currently, the IW complains of continued low back pain. The treatment plan included a back brace. On 12/29/2014, Utilization Review non-certified a lumbar brace, noting the lack of an acute injury and lack of medical necessity The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/29/2014, the injured worker submitted an application for IMR for review of a lumbar brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES PLUS.CHAPTER 10 LOW BACK DISORDERS | 523-524.

**Decision rationale:** The MTUS Guidelines do not address back bracing in specific, so the ACOEM was consulted. Per the ACOEM, lumbar supports, including back braces, though used widely for low back pain prevention, and treatment, are not recommended for the prevention or treatment of low back pain. Rigid back braces may be used post-surgery to facilitate bony union, and softer devices have been postulated to prevent low back pain through support and behavioral modification. (Wearing the brace reminds one not to lift improperly.) However, the evidence does not support these conclusions about the benefits of back braces. Furthermore, many studies indicate that activity, not immobility, decreases low back pain. While some studies suggest that braces may be helpful in treatment for specific disorders (spondylolisthesis, instability, post-operative), general compliance rates are at 40%, so the devices efficacy overall is difficult to determine. Side effects to the use of braces, including overheating, restriction of movement too much, rubbing or pinching, and pain in ribs, limit the use of these devices as well. Long-term studies do not show any improvement at 4 and 16 months use. For the patient of concern, there is no documentation of a specific reason or symptom that a back brace would resolve at this point in patient's treatment and no evidence that patient has issues with spondylolisthesis, instability, or post-surgical status. Without any evidence that back bracing is actually efficacious, and without a diagnosis that has even some evidence to suggest it might be responsive to bracing, the request for Back Brace is not medically necessary.