

<b>Case Number:</b>	CM15-0001617		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	05/28/2007
<b>Decision Date:</b>	03/10/2015	<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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 diagnoses include lumbar degenerative disc disease; cervical pain; degenerative cervical disc disease; herniated nucleus pulposus cervical; lumbar spinal stenosis; greater trochanter bursitis. Under consideration is a request for one lumbar brace. A 6/24/14 progress note states that the patient has multiple work comp injuries. He is status post cervical discectomy and fusion and a lumbar decompression at L5-S1 and carpal tunnel release. He has had successful post op cervical injections. His cardiologist is concerned with his hypertension and his PCP with his anti-inflammatories causing renal insufficiency. He returns with severe neck, shoulder, left arm pain. He has lateral hip pain and tenderness with a prior lumbar surgery and scoliosis. On exam of the lumbar spine he walks on heels and toes without difficulty. There is no atrophy. His incision is healed well. There is no thoracolumbar pain with palpation. Spasm is absent. Lateral bending causes no pain. Extension is 10-20 degrees with mild discomfort. Motor strength is 5/5 bilateral. Sensation to light touch is intact. There is left greater trochanter tenderness. There is full hip range of motion. There is no sacroiliac joint tenderness. There is no obvious instability. The treatment plan includes left trochanter bursal injection; PT; epidural injection for cervical region. Per documentation a 12/3/14 progress note states that the patient has continued cervical pain. A 7/25/14 epidural injection gave him significant relief. He is TTD.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One lumbar brace:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9 & 298,301.

**Decision rationale:** One lumbar brace is not medically necessary per the MTUS ACOEM Guidelines. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The documentation states that the dry wrap was requested to provide more stability and support of the low back. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, the guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The request for a one lumbar brace is not medically necessary.