

<b>Case Number:</b>	CM15-0101204		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	09/19/2003
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 71 year old female, who sustained an industrial injury on September 19, 2003, incurring low back injuries. She was diagnosed with lumbar disc disease and lumbar stenosis. Treatment included epidural steroid injection, facet injections, Radiofrequency Ablation, physical therapy, pain medications, neuropathic medications and work restrictions. She underwent a surgical laminectomy in 2012. Currently, the injured worker complained of continued back pain radiating down the right leg. She complained of pain level of 10 out of 10 with and without pain medications and persistent insomnia. The injured worker complained of difficulty ambulating due to both knees buckling even with the use of a walker. The treatment plan that was requested for authorization included a durable medical equipment Baja brace with fitting for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Baja Brace with Fitting for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 308.

**Decision rationale:** The patient presents with diagnoses of lumbar disc disease and lumbar stenosis. Patient underwent a surgical laminectomy in 2012. Currently the patient complains of continued back pain radiating down the right leg, persistent insomnia and difficulty ambulating due to both knees buckling even with the use of a walker. The current request is for DME Baja Brace with fitting for the lumbar spine. The treating physician surmises that the patient states her "right knee pain and radicular back pain is causing her not to be able to ambulate or leave her home. She does not even feel safe using her walker". In the 5/6/15 (15B) treating report the physician goes on to state, "For her persistent chronic low back pain, at this time she is not a candidate for any lumbar spine interventions given her other medical co-morbidities. I had requested a lumbar brace for additional support and comfort and there has been no response". This request was denied by UR and in the next treating report the physician requested a different lumbar support, the Baja Brace. However, the actual request for the Baja Brace with fitting for the lumbar spine was not included in the clinical history provided. Without the treating physician's treatment plan and justification for the brace the current medical necessity is not able to be determined. ACOEM guidelines state, "Corsets for treatment" Not Recommended. In an occupational setting, corset for prevention- Optional, ODG states, "Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." In this case, the patient historically suffers from instability and is no longer working however, without the proposed treatment plan the medical necessity according to the medical guidelines cannot be found. The current request is not medically necessary.