

<b>Case Number:</b>	CM15-0103189		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	01/09/1986
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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

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 was a 76 year old female, who sustained an industrial injury, January 9, 1986. The injured worker previously received the following treatments physical therapy, Tramadol, Prilosec, lumbar spine MRI on March 17, 2015, which showed a complex cyst in the posterior pelvis of the lumbar spine, chiropractic services and physical therapy and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities. The injured worker was diagnosed with chronic lumbar strain, lumbar disc herniation, status post L4-L5 microdiscectomy and laminectomy on April 8, 2010, left lower extremity radicular pain and left foot drop. According to progress note of May 13, 2015, the injured workers chief complaint was lower back pain 4 out of 10 and bilateral foot pain 4 out of 10, constant and slight worsening in the left great toe. The pain was made better with rest and medication. The pain was made worse with activities. The injured worker took Tramadol and Omeprazole that helps with pain 4 to a 2. The physical exam of the lumbar spine released decreased range of motion. There was tenderness to palpation. There was positive Kemp's sign bilaterally, worse on the right. The pelvis appeared to be uneven tilting to the right. There was decreased strength and sensation 4 out of 5 on the left at L4-L5. There was left foot tenderness at the medial aspect of the first metatarsal phalange joint. The treatment plan included lumbar spine brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a lumbar spine brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

**Decision rationale:** The requested purchase of a lumbar spine 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 lower back pain 4 out of 10 and bilateral foot pain 4 out of 10, constant and slight worsening in the left great toe. The pain was made better with rest and medication. The pain was made worse with activities. The injured worker took Tramadol and Omeprazole that helps with pain 4 to a 2. The physical exam of the lumbar spine released decreased range of motion. There was tenderness to palpation. There was positive Kemp's sign bilaterally, worse on the right. The pelvis appeared to be uneven tilting to the right. There was decreased strength and sensation 4 out of 5 on the left at L4-L5. There was left foot tenderness at the medial aspect of the first metatarsal phalange joint. 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, purchase of a lumbar spine brace is not medically necessary.