

<b>Case Number:</b>	CM15-0103546		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	08/07/2001
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/14/2015
<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: 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 51 year old female patient who sustained an industrial injury on 08/07/2001. Back on 10/21/2013 a primary office visit reported subjective complaint of still not able to obtain Celebrex. She states that she prefers Celebrex over Tramadol. She also reports using THC for pain control. She is diagnosed with: cervicothoracic strain/sprain 9whiplash; lumbar strain; post concussion syndrome; epicranial edema/hematoma; cervical radiculopathy. A primary treating office visit dated 05/04/2015 reported the patient with subjective complaint of having a severe flare-up of back pain. The pain has gotten worse since without Celebrex medication. She states having ongoing problems driving with the pain. She has great anxiety driving and has to take a pill for anxiety; emotionally labile. Current medications are: Motrin, Klonopin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement LSO brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138. Decision based on Non-MTUS Citation Official Disability Guidelines 2013 (lumbar).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, lumbar supports.

**Decision rationale:** The patient was injured on 08/07/01 and presents with back pain. The request is for a REPLACEMENT LSO BRACE. There is no RFA provided and the patient is permanent and stationary. Progress reports provided are hand-written and partially illegible. The 05/04/15 report states that the patient needs a LSO brace "for tasks like dishes [and] sweeping." ACOEM Guidelines page 301 on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of the symptom relief." ODG Guidelines under its low back chapter, lumbar supports states, "prevention: not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment, ODG further states, "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and treatment for nonspecific LBP (very low quality evidence, but may be a conservative option)." She has muscle spasms along her cervical/lumbar spine and is diagnosed with cervicothoracic strain/sprain (whiplash), lumbar strain, post-concussion syndrome, epicranial edema/hematoma, and cervical radiculopathy. The patient does not present with fracture, spondylolisthesis, or documented instability to warrant lumbar bracing. For nonspecific low back pain, there is very low quality evidence. It appears that the patient had a LSO brace prior to this request; however, there is no indication of how this brace impacted the patient's pain and function and there is no discussion provided regarding why a replacement LSO brace is needed. Therefore, the requested LSO back support brace IS NOT medically necessary.