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| <b>Case Number:</b>   | CM15-0103645 |                              |            |
| <b>Date Assigned:</b> | 06/08/2015   | <b>Date of Injury:</b>       | 05/01/2003 |
| <b>Decision Date:</b> | 07/07/2015   | <b>UR Denial Date:</b>       | 05/01/2015 |
| <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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, 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 injured worker is a 67 year old male, who sustained an industrial injury on 05/01/2003. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis unspecified, other symptoms referable to the back, degeneration of the lumbar or lumbosacral intervertebral disc, primary localized osteoarthritis of the lower leg, sciatica, lumbar sprain/strain, spinal stenosis of the lumbar region, and unspecified site of ankle sprain/strain. Treatment and diagnostic studies to date has included status post left total knee arthroplasty, status post right knee arthroplasty, status post left shoulder surgery, medication regimen, status post lumbar epidural steroid injection, and massage therapy. In a progress note dated 12/18/2014 the treating physician reports complaints of pain to the bilateral knees with the left greater than the right along with symptoms of fever and chills. The injured worker also has complaints of low back pain that is noted to be worse along with sciatica symptoms and decreased sensation to the feet. Examination reveals tenderness to the paraspinal muscles, tenderness mid line to the back, tenderness to the left sacroiliac joint, tenderness to the sciatic notch, limited range of motion to the back secondary to pain, decreased sensation at the lumbar four to five distribution, and positive straight leg raise bilaterally. The injured worker has difficulty with activities of daily living along with his quality of life. The treating physician requested a lower back brace, but the documentation provided did not indicate the specific reason for the requested equipment.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lower back brace:** 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, lumbar supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar brace is recommended for prevention and not for treatment. The patient sustained a chronic back pain since 2003 and the need for lumbar brace is unclear. Therefore, the request for Lumbar Brace is not medically necessary.