

<b>Case Number:</b>	CM15-0108305		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	12/06/2006
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: 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 58 year old female, who sustained an industrial injury on 12/06/2006. She reported injuring her left foot, right knee, and right leg and had complaints of pain in her neck, right shoulder, and lower back. The injured worker is currently diagnosed as having cervical radiculopathy, T10-T11 compression fracture, lumbar radiculopathy, and L3-4, L4-5 disc bulge. Treatment and diagnostics to date has included lumbar facet blocks, psychotherapy, and medications. In a progress note dated 04/23/2015, the injured worker presented with complaints of neck pain that radiates to her arms and hands and low back pain that radiates to her thighs. Objective findings include a positive Spurling's test, decreased sensation in the left arm and thigh, and positive bilateral straight leg raise test. The treating physician reported requesting authorization for a lumbar spine support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine Support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar supports.

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

**Decision rationale:** The patient presents on 04/23/15 with neck pain rated 9/10 which radiates into the bilateral upper extremities (along the C6-7 dermatomal distribution), and lower back pain rated 8/10 which radiates into the bilateral lower extremities (right worse than left). The patient's date of injury is 12/06/06. Patient is status post lumbar facet blocks at unspecified levels. The request is for LUMBAR SPINE SUPPORT. The RFA is dated 05/05/15. Physical examination of the cervical spine dated 04/23/15 reveals positive Spurling's sign, decreased sensation in the left C6 dermatomal distribution, and decreased grip strength to an unspecified side. Lumbar spine examination reveals positive straight leg raise bilaterally at 60 degrees, decreased sensation along the L5 dermatomal distribution bilaterally, and decreased motor strength on the right. The patient is currently prescribed Norco. Progress note dated 04/23/15 discusses undated lumbar MRI as showing: L3-4 3mm herniated nucleus pulposus with tear, and a 3mm disc bulge at L4-5 level. A chest x-ray also indicates a compression fracture at T10-11 level. Patient's current work status is not provided. The ACOEM Guidelines page 301 on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under the Low Back chapter on lumbar supports states, "Not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain, very low quality evidence, but may be a conservative option." In regard to the request for a lumbar spine orthotic, the request is not supported by guidelines for nonspecific lumbar pain. Progress reports provided do not indicate that this patient has been issued any DME bracing for the lumbar spine to date. While ODG guidelines indicate that such bracing is a conservative option for nonspecific low back pain there is very low grade evidence for this treatment modality. While this patient has a history of compression fracture at T10-T11 level, there is no evidence that this patient has any lumbar instability, spondylosis, fractures, or other acute injury which would warrant a lumbar brace. Therefore, the request is not medically necessary.