

<b>Case Number:</b>	CM15-0134128		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	03/22/2004
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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 47-year-old male who sustained an industrial injury on 03/22/2004. The injured worker was diagnosed with chronic low back pain. No surgical interventions or prior therapies were documented. Treatment noted to date has included medications. According to the primary treating physician's progress report on June 1, 2015, the injured worker was experiencing central lower back pain with intermittent paresthesias through the buttock, right posterolateral leg to the lateral calf. The injured worker ran out of medications one month ago and presents with exacerbation of symptoms. Examination of the lumbar spine demonstrated moderate spasm across the back with mild contraction. Tenderness to palpation was revealed over the lower lumbar paraspinal muscles. Range of motion was noted as flexion 20 degrees and lumbar extension at 10 degrees. Pain was limited to hip flexor weakness without other focal weakness noted. Patella reflex was intact with absent Achilles bilaterally. Straight leg raise was negative bilaterally. Current medications renewed were Vicodin 5/300mg, Flexeril and Motrin. The injured worker is not working. Treatment plan consists of urine drug screening, medication renewal and the current request for a lumbosacral brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbosacral brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines lumbar bracing Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic Chapter, under Lumbar supports.

**Decision rationale:** The patient presents with lower back pain with intermittent paresthesias going into his right leg, through the buttock, posterolateral leg down to the lateral calf. The request is for LUMBOSACRAL BRACE. The request for authorization is dated 06/10/15. Physical examination reveals moderate spasm across his back. There is some mild contraction. There is pain inhibition behavior as well noted. There was pain limited to hip flexor weakness. Moderate palpatory tenderness over the lower lumbar paraspinals. Patient's medications include Vicodin, Flexeril and Motrin. Per progress report dated 06/01/15, the patient is not working. 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." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Low Back & Lumbar & Thoracic Chapter, lumbar supports topic, states, "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)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." Per progress report dated 06/01/15, treater's reason for the request is "to be used as needed." However, guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. No evidence of aforementioned conditions is provided for this patient. There is no evidence of recent back surgery, either. For non-specific low back pain, there is very low quality evidence, and ACOEM guidelines do not support the use of a back brace for chronic pain. Therefore, the request is not medically necessary.