

<b>Case Number:</b>	CM15-0135388		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	12/21/2011
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, Pain Management

### 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 69 year old female who sustained a cumulative industrial injury on 12/21/2011. The injured worker was diagnosed with low back pain and displacement of lumbar intervertebral disc without myelopathy. The injured worker also reports a medical history of hypertension. Aside from interventional treatments with epidural steroid injection no invasive operative procedures were documented. Treatment to date has included diagnostic testing, conservative measures, acupuncture therapy, physical therapy, lumbar epidural steroid injections, home exercise program and medications. According to the primary treating physician's progress report on June 30, 2015, the injured worker continues to experience left low back pain with radiation to the anterolateral lower extremity to the knee with numbness, tingling and weakness. The injured worker rates her pain level at 5/10. Evaluation noted a non-antalgic gait, able to heel and toe walk and without postural abnormalities or guarding. The injured worker is Permanent & Stationary (P&S). Current medications are listed as Cyclobenzaprine and Diclofenac ER. Treatment plan consists of staying active, home exercise program, transcutaneous electrical nerve stimulation (TEN's) unit, possible lumbar epidural steroid injection and the current request for a lumbar spine brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine Brace QTY: 1: 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), Treatment Index, 5th Edition (Web), 2007, Low back - Supports.

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

**Decision rationale:** Regarding the request for lumbar spine brace, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient is well beyond the acute stage of injury and there is no documentation of a pending/recent spine surgery, spinal instability, compression fracture, or another clear rationale for a brace in the management of this patient's chronic injury. In the absence of such documentation, the currently requested lumbar spine brace is not medically necessary.