

Case Number:	CM15-0137123		
Date Assigned:	07/27/2015	Date of Injury:	06/19/2000
Decision Date:	08/24/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/15/2015

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: Preventive Medicine, Occupational 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 52-year-old female who sustained an industrial injury on 6/19/00. She reported injury to her lower back. The injured worker was diagnosed as having lumbar degenerative disc disease L5-S1. Treatment to date has included a lumbar brace, Norco and Naproxen. She is currently working. As of the PR2 dated 6/30/15, the injured worker reported pain exacerbation (8/10) in her lower back with radiation into right lower extremity. Objective findings included a positive straight leg raise test on the left and +1/4 reflexes at ankle and knee. The treating physician requested a lumbosacral brace for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase lumbosacral brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-8. Decision based on Non-MTUS Citation 1) Kreiner DS, et al. North American Spine Society (NASS). Diagnosis and treatment of lumbar disc herniation with radiculopathy. North American Spine Society (NASS); 2012) Kreiner DS, et al. North American Spine Society

(NASS). Diagnosis and treatment of degenerative lumbar spinal stenosis. North American Spine Society (NASS); 2011. 104 p. [542 references] 3) Canadian Institute of Health Economics: Toward Optimized Practice. Guideline for the evidence-informed primary care management of low back pain. Edmonton (AB): Toward Optimized Practice; 2011. 37 p. [39 references].

Decision rationale: A back brace is a device designed to limit the motion of the spine. It is used in cases of vertebral fracture or in post-operative fusions, as well as a preventative measure against some progressive conditions or for work environments that have a propensity for low back injuries. The ACOEM guideline does not recommend use of a back brace or corset for treating low back pain, as its use is not supported by research based evidence. The North American Spine Society guidelines for treating lumbar spinal stenosis recommends use of a low back brace only when required for activities of daily living but notes any benefits from its use goes away as soon as the brace is removed. The Society guidelines do not comment on its use for lumbar degenerative disc disease. This patient has used a back brace and found it did help improve her functional activities. Considering the known science and the patient's documented impairments there is no evidence-based indication for use of a back brace in treating this patient at this time. Medical necessity has not been established.