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| <b>Case Number:</b>   | CM15-0143509 |                              |            |
| <b>Date Assigned:</b> | 08/04/2015   | <b>Date of Injury:</b>       | 11/27/2006 |
| <b>Decision Date:</b> | 09/09/2015   | <b>UR Denial Date:</b>       | 06/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/23/2015 |

### 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, Hawaii

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:

This 53 year old man sustained an industrial injury on 11-27-2006. The mechanism of injury is not detailed. Diagnoses include first-degree degenerative spondylolisthesis associated with sciatica and lumbar disc disease. Treatment has included oral medications. Physician notes dated 5-28- 2015 show complaints of low back and bilateral lower extremity pain with tingling and weakness as well as headaches. Recommendations include Omeprazole, Norco, Motrin, Flexeril, lumbosacral brace, home exercise program, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Low back brace:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Low Back, Lumbar Support.

**Decision rationale:** The patient presents with pain affecting the low back and bilateral lower extremity. The current request is for Low back brace. The treating physician report dated 2/17/15 (15C) states, "The patient wore a low back brace previously". The requesting treating physician report dated 5/28/15 (38C) states, "I recommend the continued use of a lumbosacral brace to be worn on an as needed basis for increased spasm, in conjunction with a home exercise program." The ODG guidelines state the following regarding lumbar supports: "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP." In this case, the patient does present with first degree spondylolisthesis and has previously benefited from wearing a lumbar support brace. The current request is medically necessary.