

<b>Case Number:</b>	CM15-0161215		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	05/03/2005
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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:

This injured worker is a 53 year old female who reported an industrial injury on 5-3-2005. Her diagnoses, and or impression, were noted to include: chronic lower back pain, status-post lumbosacral fusion (9-29-08); failed back surgery syndrome; left lumbar radiculopathy; and depression with anxiety. No current imaging studies were noted. Her treatments were noted to include: psychological evaluation and treatment; medication management; and rest from work. The progress notes of 4-30-2015 noted a follow-up visit with reports of improved pain on her medications when she got them, but that she was falling apart, had visited an Emergency Room for frequent flare-ups of back pain; had lapses between pain and psychotropic medications; an inability to sit due to back pain so she stood, and requested to see a spine surgeon. Objective findings were noted to include: no change in her back pain pattern which was consistent in the low back with radicular pain down her leg - managed on her current medications; that she was depressed and continued to see her psychologist; no acute distress; tenderness across the lower back with decreased lumbar range-of-motion; decreased sensation in the left lumbosacral dermatomes; asymmetrical reflexes in the bilateral lower extremities, and decreased reflexes in the Patellar and Achilles; and a slight left antalgic gait with fair toe-heel walk. The physician's requests for treatments were noted to include back support for pain reduction and functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Back Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short term use of a lumbar support for symptom relief. The MTUS Guidelines do not indicate that the use of a lumbar spine brace would improve function. The request for lumbar back brace is not medically necessary.