

<b>Case Number:</b>	CM15-0169139		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	01/03/2015
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 39 year old female, who sustained an industrial injury on January 3, 2015. She reported right-sided low back and hip pain. The injured worker was diagnosed as having acute lumbosacral sprain and strain, facet arthropathy, moderate to severe foraminal narrowing at the right L4-5 (lumbar 4-5), and right led radiculitis. Medical records (January 5, 2015 to August 12, 2015) indicate continued lumbar and right buttock region pain that increased with prolonged sitting and standing longer than 10 minutes. There was 50% improvement of her lumbar pain and lower extremity symptoms following facet injections performed on July 17, 2015. Per the treating physician (June 26, 2015 report), the injured worker remains on modified work duties including no lifting greater than 20 pounds, no prolonged walking and standing, and no repetitive bending and stooping. The physical exam (January 5, 2015 to August 12, 2015) reveals continued decreased lumbar spine range of motion, positive right sacroiliac joint and low pain with positive Faber and compression testing, a positive right straight leg raise at 60 degrees, decreased sensation to soft touch of the right lateral thigh and anterior shin, and 2+ deep tendon reflexes of the bilateral quadriceps and Achilles jerk. On February 12, 2015, a MRI of the lumbar spine revealed moderate senescent changes without central canal stenosis, moderate to advanced facet arthropathy and neural foraminal narrowing at L4-5 (lumbar 4-5) and L5-S1 (lumbar 5-sacral 1). Disc desiccation and diffuse annular bulges contributed. Treatment has included at least 4 sessions of physical therapy, work modifications, temporary total disability, lumbar facet injections, a back brace, a non-steroidal anti-inflammatory injection, a steroid injection, and medications in since at least January 2015, including pain and muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. The requested treatments included a back brace. On August 14, 2015, the original utilization review non-certified/partially approved a request for

Norco 10/325 #30 (original request for #150) to allow for weaning.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Back brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Back Braces, Lumbar Supports.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** The MTUS Guidelines recommend the use of lower back support braces after a recent injury to the lower back causing pain or a recent flare of pain symptoms. Education and encouragement of proper body positioning during activities and/or lifting is superior to the use of braces. Research has not shown lower back braces to have a lasting benefit beyond the earliest phase of symptom relief. The submitted and reviewed documentation indicated the worker was experiencing lower back and leg pain with spasms. There was no discussion describing education of proper body positioning with activities, detailing the reasons a back brace would be helpful, or suggesting special circumstances that supported this request. In the absence of such evidence, the current request for the rental or purchase of a back brace is not medically necessary.