

<b>Case Number:</b>	CM15-0187553		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	03/04/2015
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 61 year old male with an industrial injury date of 03-04-2015. Medical record review indicates he is being treated for lumbar degenerative disease, left leg pain, mild back pain and myofascial pain. Subjective complaints (09-03-2015) included low back pain radiating to the left lower extremity intermittently with numbness. The treating physician indicated the injured worker had a transforaminal epidural steroid injection previously that was very helpful. TENS is helpful "mildly." "He is working full time and he is being careful not to lift anything heavy." The treating physician documented the injured worker was for lumbar brace fitting. Objective findings are documented as "No PE (physical exam) today." Prior treatment included transforaminal epidural steroid injection, home exercise program and TENS unit. The treatment request is for Back Brace (Evergreen Lumbar Brace, Medium). On 09-17-2015 the request for Back Brace (Evergreen Lumbar Brace, Medium) was non-certified by utilization review. The patient sustained the injury due to repetitive activities. The patient has had MRI of the lumbar spine on 4/15/15 that revealed disc protrusions and foraminal narrowing. The medication list include Aspirin, Multivitamin, Cyclobenzaprine, Nabumatone and Zertec. The patient had received an unspecified number of Chiropractic, massage and PT visits for this injury. Per the note dated 6/22/15, the patient had complaints of low back pain at 4/10. Physical examination of the lumbar spine revealed tenderness on palpation, muscle spasm, normal gait and limited range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Back Brace (Evergreen Lumbar Brace, Medium): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Low Back-Lumbar and Thoracic.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 09/22/15), Lumbar supports.

**Decision rationale:** Request: Back Brace (Evergreen Lumbar Brace, Medium), Per the ACOEM guidelines cited, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." In addition per the ODG cited below regarding lumbar supports/brace, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use; see Back brace, post operative (fusion)." The patient had received an unspecified number of Chiropractic, massage and PT visits for this injury. A detailed response to prior conservative therapy was not specified in the records provided. The prior conservative therapy notes were not specified in the records provided. An evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. There is no evidence of instability, spondylolisthesis, lumbar fracture or recent lumbar surgery. The medical necessity of the request for Back Brace (Evergreen Lumbar Brace, Medium) is not fully established. The request is not medically necessary.