

<b>Case Number:</b>	CM15-0188935		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	06/27/2005
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, Illinois

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 male, who sustained an industrial injury on 6-27-2005. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc with radiculitis, lumbar post-laminectomy syndrome, and low back pain. On 9-3-2015, the injured worker reported low back pain with radiation to both hips and left greater than right lower extremity all the way posterolaterally until the calf-toes with numbness and tingling of the toes. The Treating Physician's report dated 9-3-2015, noted the injured worker's pain was mildly alleviated by medication, with his pain rated 6 out of 10. The provider noted the injured worker was currently not taking any medication. The physical examination was noted to show the injured worker with a non-antalgic gait, lumbar spine restricted in all planes with increased pain and muscle guarding. Straight leg raise was noted to be positive on the left for radicular signs-symptoms at 30 degrees on left greater than right. Prior treatments have included lumbar epidural steroid injection (ESI), facet blocks, chiropractic treatments, physical therapy, L4-S1 disc replacement surgery in 2008, Functional Restoration Program for 3 weeks, and medications including Tramadol, gabapentin, and Lidoderm patches. A lumbar spine MRI from June 2015 was noted to show disc protrusion at L4-L5 with NF impingement. The treatment plan was noted to include a lumbar brace for stability following injections and ongoing during periods of increased activity that may exacerbate the injured worker's condition. The request for authorization dated 9-3-2015, requested a lumbar brace. The Utilization Review (UR) dated 9-15-2015, non-certified the request for a lumbar brace.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention, and Low Back Complaints 2004, Section(s): Summary.

**Decision rationale:** The injured worker sustained a work related injury on 6-27-2005. The medical records provided indicate the diagnosis of lumbar disc with radiculitis, lumbar post-laminectomy syndrome, and low back pain. Treatments have included lumbar epidural steroid injection (ESI), facet blocks, chiropractic treatments, physical therapy, L4-S1 disc replacement surgery in 2008, Functional Restoration Program for 3 weeks, and medications including Tramadol, gabapentin, and Lidoderm patches. The medical records provided for review do not indicate a medical necessity for Lumbar Brace. The MTUS does not recommend Lumbar supports or corsets for treatment. For Prevention, the MTUS states, the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. Therefore, the request is not medically necessary.