

<b>Case Number:</b>	CM15-0189600		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	10/20/2011
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/28/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 36 year old man sustained an industrial injury on 10-20-2011. Evaluations include lumbar spine MRI dated 8-12-2014. Diagnoses include lumbar degenerative disc disease. Treatment has included oral medications and surgical intervention. Physician notes dated 6-15-2015 show complaints of low back pain with radiation to the right foot. The physical examination shows lumbar paravertebral tenderness, well-healed scars, range of motion is recorded as forward flexion of fingertips to the knees, bilateral side bend 10 degrees, extension 0 degrees. Deep tendon reflexes in the bilateral lower extremities are 1+, and straight leg raise produces low back pain at 60 degrees. Right foot strength is slightly decreased in foot eversion as compared to the left. Recommendations include physical therapy and possible future surgical intervention. Utilization review denied a request for a lumbar spine brace purchase on 8-28-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of lumbar 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 (ODG), Low Back - Lumbar supports.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Lumbar supports and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

**Decision rationale:** Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone a recent fusion. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support is not considered medically necessary.