

<b>Case Number:</b>	CM15-0189723		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/26/2015
<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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 40 year old female who sustained an industrial injury September 23, 2013. Past treatment included physical therapy and electro-acupuncture. A similar physician's physical examination May 7, 2015, also requested a back brace. Diagnoses are lumbar disc displacement, lumbar radiculopathy, lumbar sprain and strain, and myofascial pain syndrome. According to a treating physician's progress report dated August 13, 2015, the injured worker presented with ongoing pain in the low back, left lower extremity, and left shoulder. Objective findings included: lumbar spine- tenderness to palpation with myofascial tightness; painful range of motion, flexion is normal and extension minimal, lateral flexion normal increased pain with lateral rotation; straight leg raise positive left, negative right; left shoulder- tenderness to palpation with painful range of motion; flexion and abduction is decreased by 20% and extension is decreased by 50% of normal; positive impingement sign; and decreased strength on the left compared to the right. Treatment plan included continued use of over the counter Tylenol, exercise, and recommendation for a lumbar epidural injection. At issue, is a request for authorization for a back brace. According to Utilization Review dated August 26, 2015, the request for a back brace is non-certified.

### 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:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar supports.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness, Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar supports.

**Decision rationale:** The CA MTUS provides minimal guidance concerning lumbar supports, but does state that there is no evidence for effectiveness of lumbar supports and prevention of back pain in the industrial setting. In addition, lumbar supports have not been shown to have long-term benefits for low back pain symptom relief. The cited ODG does not recommend lumbar supports for prevention; however, it may be an option for treatment of compression fractures and specific treatment of spondylolisthesis, documented instability, and nonspecific low back pain, although evidence is weak. Based on the most recent treating provider notes available through September 17, 2015, the injured worker is not in the acute phase of treatment, nor does she have documentation indicating a diagnosis of compression fracture, or instability. Due to the chronicity of the symptoms and lack of criteria for brace usage based on the cited guidelines, the request for back brace is not medically necessary or appropriate.