

<b>Case Number:</b>	CM15-0198323		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	11/19/1996
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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 59 year old female, who sustained an industrial injury on 11-19-1996. The injured worker is being treated for chronic back pain with radiculopathy. Treatment to date has included surgical intervention (decompressive discectomy L4-5 and L5-S1, 2004) epidural steroid injections, medications, and physical therapy. Magnetic resonance imaging (MRI) of the lumbar spine dated 5-27-2015 showed disc protrusion at L5-S1 and biforaminal disc osteophyte ridging at L4-5 causing bilateral foraminal stenosis with moderate facet arthropathy at L4-5 and L5-S1. She underwent left L4 transforaminal epidural steroid injections on 2-25-2015 and 7-15-2015. Per the Primary Treating Physician's Progress Report dated 8-10-2015, the injured worker presented for follow-up. The patient had complaints of pain in back, buttock and hip. Physical examination of the lumbar spine revealed positive SLR, tenderness on palpation. She reported some relief from the epidural injection; it's been gradual but at least moderate in benefit. A back brace and lift chair have been recommended by physical therapy. Objective findings included she continues to get out of chair with difficulty and continues to complain of pain in her leg. Work status was not provided on this date. The plan of care included medications, referral for surgery, and recommendations per physical therapy. The medication list includes Flexeril, Butran, Cymbalta, Lidoderm patch, and Oxycontin. The patient had received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Back Brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Work-Relatedness.

**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:** 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 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 has received an unspecified number of 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. 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. A surgery note or procedure note related to this injury was not specified in the records provided. The request for One Back Brace is not medically necessary or fully established.