

<b>Case Number:</b>	CM15-0200614		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	11/10/2012
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53 year old, male who sustained a work related injury on 11-10-12. A review of the medical records shows he is being treated for neck and low back pain. In the progress notes dated 8-25-15 and 9-14-15, the injured worker reports he "still has a lot of pain and discomfort." He is taking 4 tablets a day of Norco 10-325 and still has a "lot of pain." On physical exam dated 8-25-15, he has decreased lumbar range of motion. He has tenderness upon palpation of the lumbar region. Treatments have included medication, participation in a functional restoration program, physical therapy, Tai-Chi and yoga. Current medications include Norco. He is working part time. The treatment plan includes a request for continuing the functional restoration program. In the Utilization Review dated 9-15-15, the requested treatment of a back brace is not medically necessary.

### 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, Section(s): Physical Methods.

**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 chapter under Lumbar Supports.

**Decision rationale:** The patient presents on 09/14/15 with cervical and lumbar spine pain. The patient's date of injury is 11/10/12. Patient has no documented surgical history directed at these complaints. The request is for back brace. The RFA was not provided. Physical examination dated 09/14/15 reveals tenderness to palpation of the cervical and lumbar regions with cervical spasms noted, decreased lumbar and cervical range of motion, and positive Tinel's and Phalen's sign to an unspecified location/extremity. The patient is currently prescribed Norco. Patient is currently working. MTUS/ACOEM Guidelines, Lower Back Complaints, chapter 12, page 301 on lumbar bracing states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG Guidelines, Low Back chapter under Lumbar Supports states: Not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain, very low quality evidence, but may be a conservative option. In regard to the request for a lumbar spine orthotic, the request is not supported by guidelines for nonspecific lumbar pain. Progress reports provided do not indicate that this patient has been issued any DME bracing for the lumbar spine to date. While ODG guidelines indicate that such bracing is a conservative option for nonspecific low back pain there is very low grade evidence for this treatment modality. This patient presents with chronic lower back pain without a history of surgical intervention, there is no indication that this patient has any lumbar instability, spondylosis, fractures, or other acute injury which would warrant a lumbar brace. Therefore, the request is not medically necessary.