

<b>Case Number:</b>	CM15-0206538		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	10/02/2014
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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:

The injured worker is a 57 year old male, who sustained an industrial injury on 10-02-2014. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for rule out right shoulder rotator cuff tear-impingement, right shoulder impending adhesive capsulitis, cervical sprain-strain, thoracic sprain-strain, lumbar sprain-strain, and bilateral knee contusions. Treatment and diagnostics to date has included physical therapy, use of lumbar back brace, and medications. Recent medications have included Tramadol, Naproxen, Pantoprazole, and Cyclobenzaprine. Subjective data (08-24-2015 and 09-21-2015), included right hand, right shoulder, cervical, thoracic, and low back pain (rated 5 out of 10). Objective findings (09-21-2015) included spasm of the lumbar paraspinal muscles, right cervical trapezius, and tenderness to cervical, thoracic, and lumbar spine with limited range of motion. The treating physician noted that the injured worker needs a new lumbosacral orthosis due to his current one "no longer fastens". The request for authorization dated 10-04-2015 requested a back brace. The Utilization Review with a decision date of 10-12-2015 non-certified the request for lumbar back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic) Procedure Summary last updated online version (updated 09/22/15).

**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:** The claimant sustained a work injury in October 2014 when he fell with injury to the right shoulder and leg. In June 2015 continued use of a lumbar orthosis and TENS was recommended. He had 10 physical therapy treatments in June and July 2015. In September 2015, his lumbar support had broken. It had facilitated improved standing and walking tolerance and maintenance of activities of daily living. Physical examination findings included tenderness throughout the spine with limited range of motion. There were lumbar paraspinal muscle and right cervical trapezius muscle spasms. A new back support was requested. 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 spinal surgery. 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.