

<b>Case Number:</b>	CM15-0024663		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	09/17/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: 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 50 year old female, who sustained an industrial injury on September 17, 2014. She has reported laceration of the forehead with 5 sutures, laceration of the lip with four sutures, contusions and swelling surrounding the eyes, tenderness to palpation of the generalized skull and cervical spine and a straightening of normal cervical lordosis. The diagnoses have included trapezius spasm and lumbar strain. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work restrictions. Currently, the IW complains of back pain and continued headaches. The injured worker reported an industrial injury in 2014, resulting in pain in the back and headaches. She reported being attacked at work. Evaluation on September 19, 2014, revealed reported laceration of the forehead with 5 sutures, laceration of the lip with four sutures, contusions and swelling surrounding the eyes, tenderness to palpation of the generalized skull and cervical spine and a straightening of normal cervical lordosis. She was placed off work with no lifting for two days before returning for follow up. On September 22, 2014, the back pain and headache was still present. On January 19, 2015, evaluation revealed continued pain in the upper back, lower back, left arm and face and persistent anxiety, depression and insomnia. An orthopedic consultation was requested. On February 3, 2015, Utilization Review non-certified a lumbar support, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 4, 2015, the injured worker submitted an application for IMR for review of requested lumbar support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Low Back Pain/Acute & Chronic

**Decision rationale:** The Official Disability Guidelines (Low Back Pain/Acute & Chronic) comments on the use of lumbar support devices as a treatment modality. These guidelines state the following: Lumbar support devices are not recommended for prevention. Lumbar support devices are recommended as an option for treatment. See below for indications. 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. Acute osteoporotic vertebral compression fracture management includes bracing, analgesics, and functional restoration. An RCT to evaluate the effects of an elastic lumbar belt on functional capacity and pain intensity in low back pain treatment, found an improvement in physical restoration compared to control and decreased pharmacologic consumption. This RCT concluded that lumbar supports to treat workers with recurrent low back pain seems to be cost-effective, with on average 54 fewer days per year with LBP and 5 fewer days per year sick leave. This systematic review concluded that lumbar supports may or may not be more effective than other interventions for the treatment of low-back pain. For treatment of nonspecific LBP, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analogue scale) and at improving functional capacity (measured by EIFEL score) at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, evidence was weak (very low-quality evidence). In this case, the patient does not have a documented compression fracture, spondylolisthesis or instability. Further, there is insufficient documentation in the specific rationale to justify the use of a lumbar support device. It is unclear whether the patient has received an adequate trial of recommended therapies for her low back condition and has failed to respond to these recommended treatment modalities. For these reasons, the use of a lumbar support device is not considered as medically necessary.