

<b>Case Number:</b>	CM15-0225664		
<b>Date Assigned:</b>	11/24/2015	<b>Date of Injury:</b>	10/07/2011
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2015

### 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:

This 64 year old male sustained an industrial injury on 10-17-11. Documentation indicated that the injured worker was receiving treatment for neck, back and right shoulder pain. Previous treatment included physical therapy, heat, ice and medications. In a PR-2 dated 9-28-15, the injured worker complained of low back pain with lower extremity "symptoms", cervical spine pain with upper extremity "symptoms" and a "marked" increase in right shoulder pain associated with a decline in range of motion, activity and function. The injured worker rated his low back pain 5 out of 10 on the visual analog scale. Physical exam was remarkable for lumbar spine with tenderness to palpation, range of motion: flexion 40 degrees, extension 35 degrees, bilateral rotation and bilateral lateral tilt 40 degrees, positive bilateral straight leg raise, decreased sensation in bilateral L5 and S1 distributions and decreased right extensor hallucis longus and eversion strength. The injured worker stated that his lumbar spine orthotic no longer fastened. In a PR-2 dated 10-19-15, the injured worker complained of low back pain with increasing bilateral lower extremity symptoms, rated 6 out of 10. The injured worker reported having a "marked" decline in sitting tolerance. Physical exam was unchanged. The physician noted that the injured worker used his lumbar spine orthotic "approximately each day", facilitating a "significant" diminution in pain and "improved" tolerance to activity. The treatment plan included requesting a new lumbar spine orthotic and continuing medications (Tramadol ER, Naproxen Sodium, Protonix and Cyclobenzaprine). On 11-6-15, Utilization Review noncertified a request for retro back brace.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro back brace:** Upheld

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

**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, p 138-139.

**Decision rationale:** The claimant sustained a work injury in October 2011 and continues to be treated for neck and low back pain with upper and lower extremity symptoms and right shoulder pain. He had a right shoulder arthroscopic subacromial decompression. He has lumbar disc protrusions with foraminal narrowing and radiculopathy. He has used a lumbar orthosis on a long-term basis. The claimant is referenced as using the orthosis 4-5 times per week for 30 minutes at a time with decreased pain and improved activity tolerance. When seen in October 2015 complaints included low back pain with increasing right greater than left lower extremity symptoms and increased pain with sitting. He had a marked decline in sitting tolerance. Physical examination findings included lumbar spine tenderness with decreased range of motion and positive straight leg raising. There was decreased lower extremity strength and sensation. Authorization was requested for additional testing and for a new lumbar lordosis. His orthosis was more than one and one half years old, and no longer fastened due to excessive wear. 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 a recent fusion. 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, which may be occurring in this case. The requested replacement lumbar support is not medically necessary.