

<b>Case Number:</b>	CM15-0035392		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	08/07/2014
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 34 year old female, who sustained a work/ industrial injury on 8/7/14 while working as a driver and lifted a 75 pound box. She has reported symptoms of lower back pain, cervical spine pain, and bilateral hip pain that was reported a 6/10. Prior medical history was not documented. The diagnoses have included sprain of the cervical spine, lumbar spine, and hips. Treatments to date included medication, physical therapy, and home exercise program. Diagnostics included X-rays of the cervical spine, lumbar spine, and hips that were negative. A Magnetic Resonance Imaging (MRI) done 2/2/15 demonstrated 2 mm broad based disc protrusion at L5-S1 with a tiny annular tear. Medications included Ibuprofen and Omeprazole. The treating physician's report (PR-2) from 8/26/14 indicated worsening of symptoms due to not following up with treatment plan. Meds were obtained in [REDACTED]. A lumbar brace/ corset and an interferential unit with garment were ordered. On 2/12/15, Utilization Review non-certified a Lumbar Brace/Corset, citing the California Medical treatment Utilization Schedule (MTUS) Guidelines, American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Chapter 12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Brace/Corset:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines, Low Back chapter on lumbar supports.

**Decision rationale:** This patient presents with neck and back pain. The treater is requesting a LUMBAR BRACE/CORSET. The RFA from 02/04/2015 shows a request for lumbar brace corset. The patient's date of injury is from 08/07/2014 and she is currently not working. The ACOEM Guidelines 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 under the Low Back chapter on 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."The MRI of the lumbar spine dated 02/02/2015 shows a 2 mm broad-based posterior disc protrusion at L5-S1 with tiny annular tear. The 01/27/2015 report shows decreased sensation in the right L5 distribution. Straight leg raising is positive on the right. The patient does not have a diagnosis of spondylolisthesis or instability. The treater is requesting a lumbar corset for "postural support and core muscle support." In this case, the patient does not meet the required criteria for a lumbar brace. The request IS NOT medically necessary.