

<b>Case Number:</b>	CM15-0045114		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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, Hawaii  
 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 55 year old male who sustained an industrial injury on 11/26/2012. The mechanism of injury or initial complaints is not documented in the submitted records. Treatment to date includes physical therapy, lumbar epidural steroid injections, placement of epidural catheter and medications. He presents on 01/28/2015 with complaints of headaches, neck pain, mid/upper back and right hip and thigh pain. There was grade 2 tenderness to palpation on exam of cervical, thoracic and lumbar spine. There was also grade 2 tenderness to palpation to bilateral wrists, bilateral hands and right hip. Diagnoses includes lumbar spine fracture of right transverse processes at lumbar 2 and lumbar 3 per CT scan dated 11/26/2012, head pain, cervical spine musculoligamentous strain/sprain and carpal tunnel syndrome. Progress note dated 01/30/2015 notes low back improving slightly with an average pain of 7/10. On 02/04/2015 the provider submitted a request for lumbar spine back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine Back Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 and 301.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Lumbar Supports.

**Decision rationale:** The patient presents with low back pain. The current request is for Lumbar Spine Back Brace. The treating physician states, "Low back improving slightly. Average pain is 7/10." (B.11) The progress report was handwritten and partially illegible. The ODG guidelines state, "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)." In this case, the patient has not been diagnosed with a compression fracture or spondylolisthesis. There is no documentation of instability in the low back, and there is documentation of low back pain. The patient has been given a diagnosis of lumbar disc bulge with radiculitis. The current request is not medically necessary and the recommendation is for denial.