

<b>Case Number:</b>	CM15-0053720		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	03/06/2007
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 62 year old male, who sustained an industrial injury on March 6, 2007. The injured worker was diagnosed as having sciatica, sciatic nerve lesion, and lumbosacral strain. Treatment to date has included electrodiagnostic studies, a single point cane for ambulation, and medications including muscle relaxant and non-steroidal anti-inflammatory. On January 21, 2015, the injured worker complains of sharp, burning pain with weakness. His medications help his pain. The physical exam revealed tenderness of the iliotibial band on the left and trigger point in the upper trapezius, semispinalis capitis, left levator scapulae, the quadratus lumborum, thoracolumbar paraspinals, and the lumbar region and lumbosacral region bilaterally. There was decreased lumbar range of motion, decreased muscle strength in the lower extremities, intact sensation of the bilateral cervical 5-C8 and lumbar 3-sacral 1, decreased sensation in the left upper and lower leg, and decreased deep tendon reflexes of the left lower extremity. There were positive sacroiliac joint compression testing, positive left straight leg raise and positive slump test. He walks with a single point cane on the left hand. The treatment plan includes muscle relaxant and non-steroidal anti-inflammatory medications, a functional capacity evaluation (FCE).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment (DME) low post back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 301.

**Decision rationale:** The MTUS Guidelines recommend the use of lower back support braces after a recent injury to the lower back causing pain or a recent flare of pain symptoms. Education and encouragement of proper body positioning during activities and/or lifting is superior to the use of braces. Research has not shown lower back braces to have a lasting benefit beyond the earliest phase of symptom relief. The submitted and reviewed documentation indicated the worker was experiencing lower back pain. There was no discussion suggesting reasons a back brace would be helpful or detailing special circumstances that supported this request. In the absence of such evidence, the current request for a low post back brace is not medically necessary.