

<b>Case Number:</b>	CM15-0060621		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	01/22/2007
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 38 year old female, who sustained an industrial injury on 1/22/2007. She reported injury from a slip and fall. The injured worker was diagnosed as having cervical intervertebral disc disorder with myelopathy, lumbar intervertebral disc disorder with myelopathy, periarthritis of the shoulder, status post lumbar discectomy, synovitis/tenosynovitis status post-op. Treatment to date has included magnetic resonance imaging, back surgery, urine drug screening. The request is for a lumbar support brace. On 1/28/2015, she is seen for complaints of headache rated 7-8/10 on pain scale, neck pain rated 9/10, pain of both shoulders rated 9/10, left forearm/wrist pain rated 8/10, low back pain rated 8/10, right leg pain rated 8/10, radiating pain down both legs. She was unable to attend physiotherapy for 2 months due to not having transportation. The treatment plan included: physiotherapy, referrals, pain management evaluation, and lumbar support brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Support (LS DDS) Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Lumbar Supports.

**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, lumbar supports.

**Decision rationale:** The patient was injured on 01/22/2007 and presents with headaches, neck pain, shoulder pain, left forearm/wrist pain, lower back pain, and right leg pain with radiation to both legs. The request is for a LUMBAR SUPPORT (LS-DDS) BRACE. The RFA is dated 01/28/2015 and the patient is on a modified work duty. ACOEM Guidelines page 301 on lumbar bracing states, "Lumbar supports have not been shown to have any lasting beyond the acute phase of the symptom relief." ODG Guidelines under its low back chapter, lumbar supports states, "Prevention: not recommended for prevention. There is long and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment, ODG further states, "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and treatment for nonspecific LBP (very low quality evidence, but may be a conservative option)." The reason for the request is not provided. In this case, the patient is diagnosed with cervical IVD disorder with myelopathy, lumbar IVD disorder with myelopathy, periarthrititis of the shoulder, status post lumbar discectomy, synovitis /tenosynovitis. The patient does not present with fracture, spondylolisthesis, or documented instability to warrant lumbar bracing. For nonspecific low back pain, there is very low quality evidence. The requested lumbar support brace IS NOT medically necessary.