

<b>Case Number:</b>	CM15-0086387		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	07/23/1999
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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 65 year old male, who sustained an industrial injury on July 23, 1999, neck and back injuries working as a roofer. He had weakness and numbness of the upper extremities and underwent a cervical laminectomy in 1999. He was diagnosed with lumbar disc disease and cervical disc disease and radiculopathy. He underwent a lumbar laminectomy and lumbar fusion. Treatment included pain medications, anti-inflammatory drugs, neuropathy medications and surgical interventions. Currently the injured worker complained of persistent neck pain and lower backache. He rated his pain with medications 5 on a scale of 1 to 10 and without medications as a 10 on a scale of 1 to 10. He reported radicular pain from his lower back down the left leg and into the foot with decreased range of motion. Exam showed lumbar spine tenderness with decreased range; 4+ to 5/5 motor strength in bilateral lower extremities. The treatment plan that was requested for authorization included one Baja lumbar spinal brace with fitting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One baja lumbar spinal brace with fitting:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 301.

**Decision rationale:** There is no indication of instability, compression fracture, or spondylolisthesis precautions to warrant a lumbar support beyond the acute injury phase. Reports have not adequately demonstrated the medical indication for the custom back brace. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This claimant is well beyond the acute phase for this chronic injury. In addition, ODG states that lumbar supports are not recommended for prevention and is under study for the treatment of nonspecific LBP and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, post-operative treatment, not demonstrated here. The One baja lumbar spinal brace with fitting is not medically necessary and appropriate.