

<b>Case Number:</b>	CM14-0138092		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/20/2006
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47-year-old male with a 7/20/06 date of injury. The patient injured his low back and neck secondary to cumulative trauma. According to a report dated 8/1/14, the patient complained of continued neck pain as well as low back pain with radiating right leg complaints. Physical examination is with 5/5 strength with the exception of the right gastrocnemius at 4+/5, positive right-sided straight leg raising, and an antalgic gait pattern. Diagnostic impression: chronic low back pain and right leg sciatic pain. Treatment to date: medication management, activity modification, surgery, physical therapy, home exercise program. A UR decision dated 8/8/14 denied the request for lumbar back brace. A specific rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Back Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief; however, ODG states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that

lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. However, guidelines only support back braces in the acute phase of injury. According to the documentation provided, this patient's injury is of a chronic nature. In addition, there is no evidence that the patient has instability or compression fractures. Therefore, the request for Lumbar Back Brace was not medically necessary.