

<b>Case Number:</b>	CM14-0213055		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	04/14/1993
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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 & Rehabn

### 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 truck driver sustained an injury on 4/14/1993 from being rear-ended while employed by [REDACTED]. Request(s) under consideration include 1 waist support belt. Diagnoses include lumbosacral radiculitis/ lumbar disc displacement without myelopathy. There is history of hypertension, hyperlipidemia, and diabetes. Conservative care has included medications, therapy modalities, and modified activities/rest. Medications list Lunesta, Motrin, Nuvigil, Pravachol, Trazodone, Tapentadol, Diovan, Dendracin lotion, Avandia, Albuterol inhaler, Advair, Diskus, Trinitroglycerin sublingual. The patient was deemed Permanent & Stationary on 3/30/1994 and is treating under future medical provision. The patient continues to treat for chronic ongoing symptom complaints. Report from the provider noted continued low back pain with reduced ADLs. Exam showed tenderness at left thigh musculature; limited range of lumbar spine in all planes. The request(s) for 1 waist support belt was non-certified on 12/16/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 waist support belt:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Back brace, page 372.

**Decision rationale:** This truck driver sustained an injury on 4/14/1993 from being rear-ended while employed by [REDACTED]. Request(s) under consideration include 1 waist support belt. Diagnoses include lumbosacral radiculitis/ lumbar disc displacement without myelopathy. There is history of hypertension, hyperlipidemia, and diabetes. Conservative care has included medications, therapy modalities, and modified activities/rest. Medications list Lunesta, Motrin, Nuvigil, Pravachol, Trazodone, Tapentadol, Diovan, Dendracin lotion, Avandia, Albuterol inhaler, Advair, Diskus, Trinitroglycerin sublingual. The patient was deemed Permanent & Stationary on 3/30/1994 and is treating under future medical provision. The patient continues to treat for chronic ongoing symptom complaints. Report from the provider noted continued low back pain with reduced ADLs. Exam showed tenderness at left thigh musculature; limited range of lumbar spine in all planes. The request(s) for 1 waist support belt was non-certified on 12/16/14. There are no presented diagnoses of instability, compression fracture, or spondylolisthesis with spinal precautions to warrant a back brace for chronic low back pain. Reports have not adequately demonstrated the medical indication for the LSO. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS notes lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well beyond the acute phase of injury of 1993. In addition, ODG states that lumbar supports are not recommended for prevention; is under study for treatment of nonspecific LBP; and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Submitted reports have not adequately demonstrated indication or support for the request beyond the guidelines recommendations and criteria. The 1 waist support belt is not medically necessary and appropriate.