

<b>Case Number:</b>	CM14-0216876		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	03/14/2010
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This is a male worker with a date of injury of March 14, 2010. The mechanism of injury is unknown. Diagnoses include multiple HNPs of the cervical spine and lumbar spine with stenosis and neural foraminal narrowing, cervical and lumbar radiculopathy and bilateral wrist, elbow, shoulder and knee arthralgia. On December 8, 2011, an MRI of the lumbar spine revealed degenerative disc disease with facet arthropathy and retrolisthesis, L3-4 and L5-S1 neural foraminal narrowing including L4-5 moderate right and L5-S1 mild to moderate bilateral neural foraminal narrowing with L5-S1 left paracentral disc extrusion noted narrowing the left lateral recess contacting displacement of the left S1 nerve root. Also on December 8, 2011, an MRI of the cervical spine revealed multilevel degenerative disc disease and facet arthropathy with retrolisthesis at C4-5 and C6-7, canal stenosis included C3-4 mild, C4-5 moderate, C6-7 mild canal stenosis, neural foraminal narrowing included C4-5 moderate left, C5-6 severe bilateral, C6-7 mild left and C7-T1 moderate left neural foraminal narrowing and protusions. On November 6, 2014, the injured worker complained of constant sharp, burning back pain with radiating numbness and tingling down the bilateral lower extremities to the toes. The pain was rated an 8 on a 1-10 pain scale. He reported feeling his nerves moving in the lower back and an increase in sciatic pain. He noted that sitting, standing and walking for more than 10 minutes caused an increase in pain. He complained of neck pain rating it a 7 on the pain scale. He reported radiating numbness into his bilateral upper extremities to his fingers. Physical examination revealed limited range of motion to the cervical and lumbar spine. There was decreased sensation in the left C6, C7 and C8 dermatomes and decreased sensation in the right

L4, L5 and S1 dermatomes. Treatment modalities included medication, physical therapy, chiropractic treatment, acupuncture and cervical epidural steroid injections. Notes stated that he received minimal relief from the cervical epidural steroid injections and some sessions of the acupuncture treatment were helpful. The acupuncture was noted to decrease pain level, help with sleep, improve function and allowed the injured worker to take fewer medications. A request was made for DME: mesh back support purchase. On December 19, 2014, utilization review denied the request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Mesh back support for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low back section, Lumbar support

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, mesh back support for purchase is not medically necessary. Lumbar supports are not shown to have lasting benefit beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Lumbar supports do not prevent low back pain. Lumbar supports are recommended as an option for compression fractures and specific treatment for spondylolisthesis, documented instability and for treatment of nonspecific low back pain (very low-quality evidence but may be a conservative option). In this case, the injured worker's working diagnoses are multiple herniated discs cervical spine with stenosis and neural foraminal narrowing; multiple herniated discs of the lumbar spine with stenosis and neuroforaminal narrowing; cervical radiculopathy; lumbar radiculopathy; bilateral wrist arthralgia; bilateral elbow arthralgia; why lateral shoulder arthralgia; and nonsteroidal anti-inflammatory induced gastritis. The injured worker has continued mid and low back complaints and ambulates with the assistance of a cane. The injured worker was prescribed a lumbar brace on a November 6, 2014 office visit. Lumbar supports are not recommended for prevention of low back pain. Lumbar supports are not shown to have lasting benefits beyond the acute phase of symptom relief. The injured worker is in the chronic phase of back pain with treatment. Consequently, the guidelines do not support the use of lumbar back support for purchase and, as a result, mesh back support for purchase is not medically necessary.