

<b>Case Number:</b>	CM15-0012700		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	09/30/2000
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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, 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:

The injured worker is a 54-year-old male, with a reported date of injury of 09/30/2000. The diagnoses include post-laminectomy pain syndrome with bilateral radicular symptoms and left lower extremity complex regional pain syndrome following lumbar fusion surgery. Treatments have included oral medications and spinal cord stimulation, which failed. The supplemental report dated 12/04/2014 indicates that the injured worker had increased low back pain, since discontinuing his medications. He continued to use anti-inflammatory medications to help with the ongoing back pain. The physical examination showed severe left lateral hip trochanteric bursa tenderness, restricted gait, and painful limited lumbar spine range of motion. The treating physician requested a lumbar support brace to help decrease pain and increase activity levels. On 12/24/2014, Utilization Review (UR) denied the request for the purchase of a lumbar support brace, noting no indication of any specific objective spinal instability issues. The MTUS ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One purchase of a lumbar support brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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, one purchase lumbar brace is not medically necessary. Lumbar supports are not shown to have lasting benefit beyond the acute phase of symptom relief. The guidelines do not recommend lumbar supports for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Lumbar supports are recommended as an option for compression fractures and specific treatment of 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 post-laminotomy pain syndrome with bilateral radicular symptoms; history left lower extremity complex regional pain syndrome following lumbar fusion surgery; major depression; sleep disturbance; and hypertension. Subjectively, the injured worker discontinued his medications and developed an increase in low back pain. The treating physician requested a lumbar support. Lumbar supports are not shown to have lasting benefits beyond the acute phase of symptom relief. Additionally, the guidelines do not recommend lumbar supports for prevention as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Consequently, absent clinical documentation and guideline recommendations supporting indications for a lumbar brace, one purchased lumbar brace is not medically necessary.