

<b>Case Number:</b>	CM15-0112912		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	08/16/2014
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 48 year old male who reported an industrial injury on 8/16/2014. His diagnoses, and/or impressions, are noted to include: left-side sacroiliac pain verses left piriformis syndrome; and backache/lumbago. The history notes a previous injury to his back in 2000 and a motor vehicle accident in 1985. Recent magnetic imaging studies of the lumbar spine, done on 2/17/2015, noted lumbosacral stenosis and multi-level degenerative changes. His treatments have included diagnostic x-rays (10/29/14); Steroid injection therapy; transforaminal bilateral lumbar epidural steroid injection with epidurogram (4/20/15); a fitted Baja lumbar spinal brace (4/17/15); medication management; and modified work duties. The progress notes of 5/15/2015 noted complaints of a decreased activity level due to an increased pain level that is moderate on his pain medications; and poor quality of sleep. Objective findings were noted to include mild pain; a global and slow antalgic gait; tenderness, spasm and hypertonicity over the lumbar para-vertebral muscles, with tight muscle band bilaterally, positive "Gaenslen's", Faber's and pelvic compression tests; and tenderness over the sacroiliac spine. The physician's requests for treatments were noted to include an orthopedic lumbar brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic bracing, QUINN SLEEQ-AP1 lumbar brace qty: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

**Decision rationale:** The claimant sustained a work-related injury in August 2014 and continues to be treated for chronic low back pain. When seen, his activity level had decreased. There was lumbar and sacroiliac joint tenderness with lumbar paraspinal muscle spasms. There was a slow, antalgic gait. Gaenslen, Fabere, and pelvic testing was positive. Medications were prescribed and a lumbar brace provided. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone surgery. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support was not medically necessary.