

<b>Case Number:</b>	CM15-0116509		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	10/14/2008
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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

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 54 year old male, who sustained an industrial injury on 10/14/08. He reported low back pain, right thigh soreness, and right upper extremity soreness. The injured worker was diagnosed as having a history of L4-5 fusion, status post hardware removal, lumbar spine degenerative disc disease, chronic low back pain, and breakdown L3-4 with herniated nucleus pulposus annular tear. Treatment to date has included lumbar spine surgery on 10/11/10 and 2/13/12, chiropractic treatment, physical therapy, acupuncture, TENS, heat/ice application, and medication including Norco and Neurontin. On 4/28/15, back pain was rated as 6/10. A physician's report dated 4/28/15 noted physical examination findings of lumbar spine muscle spasms and right sided pain in L3-4 region. Straight leg raise was to 90 degrees bilaterally. Currently, the injured worker complains of low back pain and neck pain. The treating physician requested authorization for a back brace for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Back Brace for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Lumbar Supports.

**Decision rationale:** Regarding the request for lumbosacral orthosis, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar supports are not recommended for prevention. They go on to state the lumbar support are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. ODG goes on to state that for nonspecific low back pain, compared to no lumbar support, elastic lumbar belt maybe more effective than no belt at improving pain at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, the evidence was very weak. Within the documentation available for review, it does not appear that this patient is in the acute or subacute phase of his treatment. Additionally, there is no documentation indicating that the patient has a diagnosis of compression fracture, spondylolisthesis, or instability. As such, the currently requested lumbosacral orthosis is not medically necessary.