

<b>Case Number:</b>	CM15-0121413		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	05/22/2001
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 was a 55-year-old female, who sustained an industrial injury, May 22, 2001. The injury was sustained when the injured worker was picking up a railroad timber, at weighed 325-350 pounds. The injured worker felt a sudden pain in the knees. A few hours later the injured worker started having lumbar pain, which radiated to the lower extremities, left more than the right with numbness, tingling, weakness and cramping and left leg limp and claudication. The injured worker previously received the following treatments the injured worker walks with a cane or walker, psychological services, random toxicology studies were positive for unexpected findings on February 13, 2015, Ultram, analgesic creams, Anaprox, Flexeril and Protonix. The injured worker was diagnosed with TMJ (temporomandibular joint syndrome), cephalgia and dizziness, probable single seizure, status post 3 left knee surgeries, 2 right knee surgeries, thoracic radiculopathy, lumbar radiculopathy, pain in both wrist, pain in both knees, pain in both ankles, cognitive difficulty, emotional distress and sleep impairment and insomnia. According to progress note of February 11, 2015, the injured worker's chief complaint was the injured worker needed assistance with all activities of daily living. The injure worker was not working and had gained several pounds. The physical exam noted an obese adult female. The injured worker had of the mild limp of the left leg in all modalities of gait testing. The Romberg testing was positive. There was tenderness in the bilateral sacroiliac joints. The straight leg testing was positive bilaterally. The toes were bilaterally down going. The treatment plan included a lumbar brace.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9 and 298,301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- lumbar support.

**Decision rationale:** Lumbar brace is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, the guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The guidelines state that proper lifting techniques and discussion of general conditioning should be emphasized. The ODG states that a back brace can be used in spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence.)The documentation submitted does not reveal instability or extenuating reasons to necessitate a lumbar brace and therefore the request for a brace for the lumbar spine is not medically necessary.