

<b>Case Number:</b>	CM15-0127056		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	07/23/2011
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 50 year old male with a July 23, 2011 date of injury. A progress note dated May 20, 2015 documents subjective complaints (pain extending down both lower extremities, worse on the left; lower back pain; associated numbness and paresthesias; difficulty sleeping). Objective findings include range of motion of the lumbar spine is limited secondary to pain; seated straight leg raise test is positive bilaterally. Current diagnoses include lumbar spine stenosis; lower back pain; lumbar degenerative disc disease; lumbar herniated nucleus pulposus; sciatica. Treatments to date have included medications, imaging studies, lumbar spine surgery, physical therapy that was unsuccessful at improving symptoms, magnetic resonance imaging of the lumbar spine (February 2013; showed residual stenosis), electromyogram/nerve conduction study that showed negative findings, and medications. The treating physician documented a plan of care that included post-surgical back brace following lumbar spine surgery. The patient's surgical history include lumbar spine surgery on 2/14/13. The medication list includes Tramadol, Naproxen, Cyclobenzaprine, Hydrocodone, and Pantoprazole. The patient sustained the injury due to a fall. Patient has received an unspecified number of PT visits for this injury. Any operative note was not specified in the records specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-surgical back brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter Back brace, post-operative (fusion).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 07/17/15) Lumbar supports.

**Decision rationale:** Per the ACOEM guidelines cited below "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry." In addition per the ODG cited below regarding lumbar supports/brace, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use; see Back brace, post operative (fusion)." Patient has received an unspecified number of PT visits for this injury. A trial and response to a complete course of conservative therapy including PT visits was not specified in the records provided. Prior conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. There is no evidence of instability, spondylolisthesis, lumbar fracture or recent lumbar surgery. Any recent surgery or procedure note related to this injury was not specified in the records provided. The request for Post-surgical back brace is not medically necessary.