

<b>Case Number:</b>	CM15-0127394		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	12/16/2009
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/23/2015
<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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 72 year old female who sustained an industrial injury on 12-16-09. Initial complaints and diagnoses are not available. Treatments to date include medications, home exercise program, chiropractic care, modified duty, and epidural steroid injections. Diagnostic studies include MRIs of the lumbar spine and electrodiagnostic studies. Current complaints include pain in the back and numbness in the feet. Current diagnoses include myofascial pain syndrome, lumbar sprain, and lumbosacral radiculopathy. In a progress note dated 06-12-15, the treating provider reports the plan of care as medications including Ketoprofen, Omeprazole, and a back brace. The requested treatment includes a back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**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 - Lumbar & Thoracic Chapter, lumbar supports topic.

**Decision rationale:** This patient presents with chronic low back pain. The current request is for One (1) back brace. Treatments to date include medications, home exercise program, chiropractic care, modified duty, and epidural steroid injections. The RFA is not provided in the medical file. The patient's work status report noted: Qualified injured worker: 06/12/15. ACOEM Guidelines Chapter 12 page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Low Back - Lumbar & Thoracic Chapter, lumbar supports topic, states, "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). For treatment of nonspecific LBP, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analogue scale) and at improving functional capacity (measured by EIFEL score) at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." According to progress report 06/12/15, the patient continues to have back pain with some numbness and weakness of the bilateral legs. Physical examination revealed positive SLR, decrease in sensation in the feet, and decrease in ROM by 10%. The treater requests refill of medications and a back brace. A rationale for the requested back brace was not provided. The guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. No evidence of aforementioned conditions is provided for this patient. There is no evidence of recent back surgery, either. For non-specific low back pain, there is very low quality evidence. Therefore, the request IS NOT medically necessary.