

<b>Case Number:</b>	CM15-0128968		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	04/01/2000
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Emergency 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:

This is a 54 year-old male with an April 1, 2000 date of injury. A progress note dated June 15, 2015 documents subjective complaints (difficulty walking; acute spasms that are improved since last visit; pain of the thoracic and lumbar paraspinals; difficulty sleeping due to pain, improved since last visit; improved posture, able to stand upright with less pain), objective findings (global antalgic gait; slowed gait; lumbar paravertebral muscle hypertonicity, spasm, and tenderness noted bilaterally on palpation; spinous process tenderness noted on L3, L4, and L5; positive FABER test bilaterally), and current diagnoses (chronic pain; lower back pain; lumbar facet syndrome versus internal disc disruption; mid thoracic pain). Treatments to date have included trigger point injections with improvement, transcutaneous electrical nerve stimulator unit, and ice. The medical record indicates that the injured worker is unable to take oral medications due to gastrointestinal issues. The treating physician documented a plan of care that 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

**Decision rationale:** The request is for a lumbar brace. There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies. Furthermore, back supports may provide a false sense of security. The request as written is not supported by the MTUS guidelines, is of no proven benefit, and therefore is not medically necessary.