

<b>Case Number:</b>	CM15-0172977		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	09/22/1999
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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 59 year old female with a date of injury on 9-22-1999. A review of the medical records indicates that the injured worker is undergoing treatment for cervicgia and low back pain. Medical records (2-2-2015 to 8-11-2015) indicate ongoing leg and low back pain. She also complained of neck and left arm pain. She rated her pain six-seven out of ten. The physical exam (2-2-2015) revealed an antalgic gait favoring the left leg. Sensory exam showed sensory hypoesthesia in the left arm and bilateral lower extremities in a non-dermatomal distribution. She had focal muscle spasm trigger points identified in the quadratus lumborum and gluteal musculature on the right side. Treatment has included physical therapy, massage, psychotherapy, acupuncture, chiropractic treatment and medications. The request for authorization dated 8-24-2015 was for medical equipment. The original Utilization Review (UR) (9-1-2015) non-certified a request for purchase of 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:

**Purchase of a back brace for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

**Decision rationale:** The requested Purchase of a back brace for the lumbar spine is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief". Official Disability Guidelines (ODG), Low Back: Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention under study for treatment of nonspecific LBP, recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker has ongoing leg and low back pain. She also complained of neck and left arm pain. She rated her pain six-seven out of ten. The physical exam (2-2-2015) revealed an antalgic gait favoring the left leg. Sensory exam showed sensory hypoesthesia in the left arm and bilateral lower extremities in a non-dermatomal distribution. She had focal muscle spasm trigger points identified in the quadratus lumborum and gluteal musculature on the right side. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, Purchase of a back brace for the lumbar spine is not medically necessary.