

<b>Case Number:</b>	CM15-0179616		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	08/18/2003
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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(n) 59 year old male, who sustained an industrial injury on 8-18-03. The injured worker was diagnosed as having lumbar disc degeneration, sciatica and lumbosacral neuritis or radiculitis. The physical exam dated 3-26-15 revealed 6 out of 10 pain, a positive sacroiliac compression test and paresthesias along the medial aspect of the right and left leg. Treatment to date has included physical therapy, acupuncture and chiropractic treatments that were "helpful", Motrin, Terocin lotion and Biofreeze. As of the PR2 dated 7-15-15, the injured worker reports ongoing pain in the lower back. He rates his pain 6 out of 10 and is able to tolerate sitting, standing and walking for 20-25 minutes. Objective findings include lumbar flexion is 30 degrees, extension is 10 degrees, left lateral bending is 10 degrees and right lateral bending is 20 degrees. The treating physician requested a purchase of a spinal Q brace. On 8-18-15 the treating physician requested a Utilization Review for a purchase of a spinal Q brace. The Utilization Review dated 8-25-15, non-certified the request for a purchase of a spinal Q brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment (DME) Purchase of Spinal Q Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 chapter under Lumbar Supports.

**Decision rationale:** The patient presents on 09/11/15 with lower back pain rated 6/10. The patient's date of injury is 08/18/03. Patient has no documented surgical history directed at this complaint. The request is for durable medical equipment (dme) purchase of spinal q brace. The RFA is dated 09/16/15 and a RFA with the same request is dated 08/18/15. Physical examination dated 09/11/15 reveals moderate effusion, crepitus, and tenderness to palpation of the bilateral knees with positive patellar compression test noted bilaterally. Lumbar Spine examination reveals reduced range of motion, positive SI joint compression test, positive slump test on the right and the provider notes hyperesthesia to light touch in an unspecified region. The patient is currently prescribed Biofreeze and Terocin lotion. Patient is currently classified as disabled. MTUS/ACOEM Guidelines, Low Back complaints, 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. Official Disability Guidelines, Low Back chapter under Lumbar Supports states: Not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain, very low quality evidence, but may be a conservative option. In regard to the request for a lumbar spine orthotic, the request is not supported by guidelines for nonspecific lumbar pain and this patient appears to have obtained lumbar orthotics on two occasions previously. Per progress note 09/11/15, the provider states: "Based on my evaluation today, it would be medically appropriate to fit him with a spinal Q brace which unlike traditional static lumbar support will provide him with proper alignment with the ability to move in a more functionally oriented way promoting muscle strength and proper spinal alignment to ensure as well as to enhance more independence with ADLs." Per progress note dated 05/11/15, the provider states: "He states that the orthotics I made really helped his back, but he has noticed over the last two months that he is not getting the support that they were providing and that they are starting to break down." This progress note also includes a request for a pair of custom made replacement orthotics, which according to an RFA dated 08/18/15, were approved for issuance to the patient. While ODG guidelines indicate that such bracing is a conservative option for nonspecific low back pain there is very low grade evidence for this treatment modality. This patient presents with chronic lower back pain without a history of surgical intervention, has already received at least two different lumbar spine supports, and there is no indication that this patient has any lumbar instability, spondylosis, fractures, or other acute injury which would warrant additional lumbar bracing. Therefore, the request is not medically necessary.