

<b>Case Number:</b>	CM15-0063758		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	07/08/1996
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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 73 year old female, who sustained an industrial injury on 07/08/1996. On provider visit dated 02/21/2015 the injured worker has reported back pain and sciatic pain. On examination of the lumbar spine was noted to be positive for paraspinal spasms and trigger points with a decreased range of motion. The diagnoses have included low back pain, sciatic and lumbar spine degenerative joint disease - degenerative disc disease. Treatment to date has included medication and x-ray. The provider requested a back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, lumbar supports.

**Decision rationale:** The patient was injured on 07/08/1996 and presents with back pain and sciatic pain. The request is for one back brace. There is no RFA provided, and the patient's work status is not known. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of the symptom relief." ODG Guidelines under its low back chapter, lumbar supports state, "prevention: Not recommended for prevention. There is strong inconsistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment, ODG further states, "recommended as an option for compression fractures and specific treatments of spondylolisthesis, documented instability, and treatment for nonspecific LBP (very low quality evidence, but may be a conservative option)." The 02/26/2015 report states that the patient has radiation of pain into both legs. She is diagnosed with hypertension, benign, low back pain, sciatica, and lumbar spine DJD. She has paraspinal spasm, a reduced range of motion, and trigger points at L5. The report with the request is not provided, nor is there is any discussion regarding this request. The patient does not present with fracture, spondylolisthesis, or documented instability to warrant lumbar bracing. For nonspecific low back pain, there is very low quality evidence. Therefore, the requested back brace IS NOT medically necessary.