

<b>Case Number:</b>	CM15-0074978		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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:

The injured worker is a 46-year-old, female who sustained a work related injury on 9/10/13. She fell backwards onto buttock and then hit her back. The diagnoses have included left hip greater trochanter bursitis, left hip osteoarthritis, lumbar stenosis, left myofascial strain, lumbar facet arthropathy, lumbago and left lumbar radiculopathy. The treatments have included x-rays, MRIs, neurodiagnostic studies, ice therapy, 24 physical therapy sessions without benefit, home exercises, 4 acupuncture sessions with minimal relief, TENS unit therapy with good relief, left hip steroid injection and medications. In the PR-2 dated 2/10/15, the injured worker complains of low back and left hip pain. She rates her pain a 7/10. She describes the pain as constant and aching. She states numbness in her low back. She states a stabbing radiation into left leg. She has stabbing pain on the bottom of her left foot. The requested treatment of a back brace was not noted in the treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mesh back support/LSO back brace qty: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar supports.

**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 (Acute & Chronic), Lumbar Supports.

**Decision rationale:** The requested Mesh back support/LSO back brace qty: 1, 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 non-specific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. The injured worker has low back and left hip pain. She rates her pain a 7/10. She describes the pain as constant and aching. She states numbness in her low back. She states a stabbing radiation into left leg. She has stabbing pain on the bottom of her left foot. 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, Mesh back support/LSO back brace qty: 1 is not medically necessary.