

<b>Case Number:</b>	CM15-0093823		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	06/20/2010
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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 54-year-old female, who sustained an industrial injury on 6/20/2010. The details of the initial injury were not submitted for this review. Diagnoses include chronic low back pain, radiculopathy, cervical strain, and degenerative disc disease, and right shoulder impingement syndrome, status post left shoulder arthroscopy, and left shoulder arthroscopy. She is status post two lumbar fusion surgeries in 2013 and 2014. Treatments to date include medication therapy, physical therapy, and epidural steroid injections. Currently, she complained of low back pain with radiation to left leg and right thigh. On 2/17/15, the physical examination documented x-ray imaging results of the lumbar spine including excellent position of hardware without evidence of breakage, loosening, or pullout. The appeal request was for 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:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Lumbar brace 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 low back pain with radiation to left leg and right thigh. On 2/17/15, the physical examination documented x-ray imaging results of the lumbar spine including excellent position of hardware without evidence of breakage, loosening, or pullout. 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, Lumbar brace is not medically necessary.