

<b>Case Number:</b>	CM15-0094746		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	03/31/2011
<b>Decision Date:</b>	06/24/2015	<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59 year old male who sustained a work related injury March 31, 2011. Past history included arthroscopic surgery to the left knee, type II diabetes, GERD (gastroesophageal reflux disease), hepatitis C, and hypertension. According to a primary treating physician's progress report, dated May 4, 2015, the injured worker presented recovering from an exacerbation of depression brought about by a fractured hip injury October, 2014. He reports his sleep is discontinuous and fragmented and does not feel refreshed the next day. His primary physical complaints included chronic pain in both knees and his back. Objective findings reveal his mood is depressed and anxious and affect congruent and appropriate. Diagnoses are documented as major depression, single episode, severe; anxiety disorder; pain disorder associated with orthopedic and psychological factors; obstructive sleep apnea. Medical diagnoses included; lumbar disc degeneration; lumbar spondylosis; lumbar radiculopathy; lumbago. A left knee replacement has been recommended but postponed until diabetes is better controlled. Treatment plan included psychiatric visits, Wellbutrin-XL, Nuvigil, and review of other medication under consideration. At issue, is the request for a thoracic lumbar back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thoracolumbar back brace:** 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), Low Back, Lumbar Supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Lumbar supports.

**Decision rationale:** The claimant sustained a work injury in March 2011 and continues to be treated for chronic knee and back pain. When seen, pain was rated at 6/10. Physical examination findings included decreased lumbar spine range of motion with facet tenderness and positive facet loading. Straight leg raising was positive. There was a mildly antalgic gait. The claimant reported having previously used a back support brace and was requesting that another one be provided for him. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant underwent a microdiscectomy. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested support is therefore not medically necessary.