MAXIMUS Federal Services

| Case Number: | CM14-0155429 | | |
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| Date Assigned: | 09/25/2014 | Date of Injury: | 07/10/2007 |
| Decision Date: | 11/03/2014 | UR Denial Date: | 09/10/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

## 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 patient is a 40-year-old female with a date of injury of 07/10/2007. The listed diagnoses per [redacted] are: 1. Lumbar radiculopathy.2. Post-lumbar laminectomy syndrome.3. Lumbar degenerative disk disease.4. Low back pain.5. Dizziness.According to progress report 06/27/2014, the patient presents with chronic progressive pain in her bilateral shoulders, low back, bilateral hips, and left knee over the past 7 years. The patient states her low back pain radiates to her left lower extremity. The patient underwent a microdiscectomy of the left L4-L5 in 2008. She has also undergone left ankle ORIF on 12/16/2013 and right ORIF 01/06/2014. Examination of the lumbar spine revealed range of motion is restricted with flexion limited to 25 degrees and extension limited to 0 degrees. Lumbar facet loading is positive on both sides worse on left. Straight leg raise testing is positive on the left in a sitting position at 60 degrees. There was tenderness noted over the sacroiliac spine. Utilization review references a progress report from 08/28/2014 which was not provided for my review. The utilization review states that the patient continues to complain of low back pain with poor quality of sleep. Examination revealed restricted range of motion and tenderness to palpation of the paravertebral muscles on the left side. Treatment plan consisted of a spinal cord stimulator and lumbar support brace for use during strenuous exercise or work. Utilization review denied the request on 09/10/2014. Treatment reports from 11/25/2013 through 06/27/2014 were reviewed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Support Brace:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 Chapter; Lumbar Bracing.

**Decision rationale:** This patient presents with chronic low back pain. This is a request for a lumbar brace to be used during strenuous exercise or work. ACOEM Guidelines page 301 on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under its low back chapter supports lumbar brace and 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." Review of QME report 06/14/2013 states that the patient has a diagnosis of spondylolisthesis at L3-L4 and L4-L5. The patient is also status post microdiscectomy at L4-L5 from 2008. The patient is currently working, and the provider is requesting a lumbar brace. In this case, ODG supports lumbar brace for treatment of spondylolisthesis. A lumbar brace for support is reasonable and within ODG Guidelines. Recommendation is for approval.