

<b>Case Number:</b>	CM14-0172346		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Pain Management 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 injured worker is a 57 year old male with a date of injury on 4/18/2012. As per the report of 7/15/14, he complained of sore lumbar spine. On 7/8/14, he complained of constant lower back pain, which radiated to the lower extremity, made worse by walking and standing. He had minimal numbness in the left leg. An exam revealed paravertebral muscle spasm and tenderness bilaterally overlying the lumbosacral spine. Muscle guarding was present and asymmetric loss of range of motion (ROM) in flexion. There was a well-healed surgical incision in the lumbosacral region. Lumbar spine magnetic resonance imaging (MRI) dated 6/22/12 revealed a 2 mm posterior disc bulges at L2-3 and L3-4, a 5 mm posterior disc bulge at L4-5 with moderate to severe bilaterally facet arthropathy, mild spinal canal stenosis and mild to moderate left and mild right neural foraminal stenosis and narrowing of both lateral recesses and a 3 mm posterior disc bulge at L5-S1 with mild to moderate bilaterally facet arthropathy. Lumbar spine X-ray dated 7/25/13, revealed moderate discogenic disease involving L4 through S1 with anterior spurring of the vertebra, levoscoliosis and post-laminectomy defect at L4-5. On 3/17/14, he had placement of lumbar selective epidural catheter, lumbar epidurogram and lysis of adhesions using selective lumbar epidural catheter, injection of steroid and anesthetic lumbar epidural space with neurolysis, and facet blocks at L4-5 and L5-S1 bilaterally. He underwent L4-5 decompressive laminectomy on 4/17/13. Current medications include Norco and Anaprox. Past treatments have included epidural steroid injection (ESI) with improvement and facet blocks. A lumbar spine orthotic (LSO) flex back brace was already dispensed, per 6/26/14 report. Diagnoses include sprain/strain lumbar region, degenerative lumbar/lumbosacral intervertebral disc, and displacement of lumbar intervertebral disc without myelopathy and spasm of muscle. The request for durable medical equipment (DME) lumbar spine orthotic (LSO) Flex Brace was denied on 09/22/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: LSO flex brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Methods, Official Disability Guidelines (ODG) Low Back, Lumbar supports

**Decision rationale:** Per the American College of Occupational and Environmental Medicine (ACOEM) guidelines, there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Per the Official Disability Guidelines (ODG), lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. In this case, there is insufficient evidence to support the need for lumbar brace in this injured worker. The use of lumbar support should be avoided, as these have not been shown to provide any notable benefit, and prolonged use has potential to encourage weakness, stiffness and atrophy of the paraspinal musculature. Based on the American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) and the clinical documentation stated above, the request for a lumbar spine orthotic (LSO) brace is not medically necessary.