

<b>Case Number:</b>	CM14-0038064		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/04/2009
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Occupational Medicine 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 claimant injured his low back on 09/04/09. An LSO brace is under review. He had bilateral lower extremity EMG/NCV on 09/03/13 that were normal. He saw [REDACTED] on 10/16/13 for 6/10 low back pain with right greater than left lower extremity symptoms. His condition was worsening. He had a lumbar radicular component on the right greater than left that was increasing. He was taking pain medications that helped. He had tenderness with decreased range of motion and was neurologically unchanged but the neurologic examination is not described. He had less spasm. He was status post laminectomy at L4-5 on an unknown date. MRI and EMG/NCV were awaited. He was prescribed tramadol, hydrocodone, naproxen, pantoprazole, cyclobenzaprine and a TENS unit for a 60 day trial. He was seen again on 11/27/13. He had diffuse tenderness with decreased range of motion. He still had radicular pain. Sensation was intact and reflexes were symmetric. He had grossly normal strength. A repeat MRI was ordered and his medications were refilled. On 12/27/13, there is a letter regarding the TENS unit and the LSO brace. The LSO was recommended for stability and to facilitate improved tolerance to standing and walking. Physical examination again revealed tenderness and decreased range of motion with positive straight leg raises on the right for pain to his foot at 35 and on the left for pain to the distal calf at 45. On 01/24/14, [REDACTED] stated he had 7/10 pain that was worse on the right. Physical examination was unchanged. Again the LSO was recommended to facilitate improved tolerance to standing and walking. On 01/26/14, [REDACTED] stated he was concerned about the patient's falls. He had a significant decline in his activity and function over the past 6-8 months. On 03/07/14, the claimant asked about the LSO. His physical examination was unchanged. He was to continue TENS and MRI and EMG/NCV were pending. The reason for the LSO was the same. An MRI dated 03/15/14 revealed evidence of diffuse spondylotic change with disc bulges and facet joint hypertrophy at various levels.

There were annular tears at L4-5 and L5-S1. There was bilateral exiting nerve root compromise at L4-5 and L5-S1, also. There is no mention of an exercise program in these records.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**LSO Brace:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, LUMBAR SUPPORT.

**Decision rationale:** The LSO has been recommended to help prevent pain and improve function. However, the evidence-based literature does not support the use of lumbar supports for this purpose, especially if an exercise program to encourage functional recovery and maintain the improvement that is made is not underway. There is no evidence that this type of passive treatment is likely to improve a patient's overall functionality. It is not clear whether he has been working and the anticipated benefit to him is unknown. Therefore, the medical necessity of an LSO brace has not been clearly demonstrated.