

<b>Case Number:</b>	CM14-0189661		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Rehab 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 has a date of injury of 4/20/12. The patient is being treated for chronic low back pain. MRI of the lumbar spine dated 8/18/14 reported evidence of L5-S1 left laminectomy, right posterior lateral disc protrusion. No report of spondylolisthesis or acute lumbar fractures was noted. Subsequent records indicate that L5-S1 decompression/microdiscectomy is planned. Patient is being treated with Norco, Naprosyn and Flexeril for pain. There is mention of previous physical therapy and epidural steroid injections. A request was subsequently made for an Aspen lumbosacral orthosis (LSO).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aspen LSO back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

**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) lumbar supports

**Decision rationale:** The injured worker is being treated for right lumbar radiculopathy unresponsive to conservative management. The last available progress note indicates that

decompression and microdiscectomy is being contemplated. Treatment includes Norco, Naprosyn and Flexeril. Request is also been made for Aspen lumbosacral orthosis, a rigid back brace. The available records do not discuss the indication of use, frequency or duration. There is no provided evidence that this was intended for postoperative care. Official Disability Guidelines indicate that lumbar supports are recommended as an option for treatment of low back pain for diagnoses which include compression fractures, spondylolisthesis and spinal instability, and for the treatment of nonspecific low back pain. Current treatment diagnosis is not consistent with the aforementioned recommendations. In addition to which, surgical intervention is planned. Documentation lacks rationale relating lumbar brace utilization for this injured worker with lumbar radiculopathy, as such cannot be clinically justified. Therefore, this request is not medically necessary.