

<b>Case Number:</b>	CM14-0084618		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Family Practice, and is licensed to practice in New Jersey. 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 worker is a 48 year old female who was injured on 5/4/2010 after slipping and falling, twisting her ankle and landing on her knee. She was diagnosed with shoulder arthritis/impingement syndrome, bilateral knee strain, right elbow strain, depression, lumbar discogenic pain, and lumbar radiculopathy. She was treated with medications, surgery (shoulder), chiropractic treatments, physical therapy, and a functional restoration program, but she continued to experience chronic pain in her back albeit somewhat improved. She was recommended to follow-through with lumbar surgery by her orthopedic surgeon and was recommended an MRI of the lumbar spine (4/15/14) which showed no significant stenosis or neural impingement at any lumbar level, however, did show minimal annulus fissure at L4-L5. On 4/18/2014, the worker was seen for a follow-up with her surgeon to discuss the results of the MRI. She complained of low back pain rated 6/10 on the pain scale, which was primarily axial, but with minimal radiation to her legs. Physical findings included BMI 35.7, guarded gait, hyplordosis, no stability, normal motor strength, and mild sensory deficits (not detailed) in lower extremities, and normal reflexes. She was then recommended lumbar spinal fusion with associated post-surgical follow-up which included a lumbar brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO support:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, 18th edition, 2013 updates, Low Back Chapter, Back Brace, post-operative (fusion).

**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 section, Lumbar supports.

**Decision rationale:** The MTUS ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG states that lumbar supports are not recommended for prevention, but may be used as an option for treatment for compression fractures, postoperatively (fusion), spondylolisthesis, documented instability, and for nonspecific low back pain (very low quality evidence but may be considered). In the case of this worker, there seems to be insufficient evidence to suggest she is a good candidate for spinal surgery, considering her essentially normal MRI, mild to moderate symptoms, and minimal radiculopathy improved with physical therapy. Considering her post-operation lumbar brace, it would not be medically necessary if she does not undergo the surgery. If she does not undergo the surgery, then the brace would still not be recommended as there is no convincing evidence that she would benefit from its use. Therefore, the lumbar brace is not medically necessary.