

<b>Case Number:</b>	CM15-0131922		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

### 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 (IW) is a 43 year old male who sustained an industrial injury on 07/18/2013. He reported an injury to the left knee and later developed bilateral knee pain and pain in the low back. The injured worker was diagnosed as having synovitis not otherwise specified; tear of the medial meniscus of the knee, chondromalacia patellae. Treatment to date has included acupuncture, cognitive behavioral therapy, medications, and surgery. A MRI of the left knee (03/13/2014) and a MRI of the right knee (08/27/2014) left knee arthroscopic surgery (06/30/2014), a plasma rich protein injection in the knee (11/24/2014). A Lumbar medial branch block was administered 04/21/2015 and on 05/26/2015, a radiofrequency ablation was done. In January of 2015, the worker was seen for low back pain, and the caregiver notes there is a left paracentral disc extrusion encroaching the left S1 nerve root with grade I retrolisthesis and moderate disc disease and he also has lumbar facet syndrome. Bilateral L3, L4 and L5 medial branch blocks were planned. In June 2015 the injured worker complains of low back pain. He initially had excellent relief from the radiofrequency ablation. On exam, the worker has no apparent distress, has a normal gait and full strength in lower extremities, and normal sensation. Lumbar flexion is to 50 degrees and extension to 5 degrees with low back pain. He has a negative straight leg raise bilaterally. Medications include Tramadol, Cyclobenzaprine, Terocin patches, and Restoril. The plan is to release the worker to modified duty, continue current medications, and encourage a home exercise program. A request for authorization was made for the following: Rigid lumbosacral orthosis (LSO).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Rigid lumbosacral orthosis (LSO): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back: Lumbar Supports and Back Braces.

**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-Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

**Decision rationale:** The requested Rigid lumbosacral orthosis (LSO), is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker has low back pain. The treating physician has documented a normal gait and full strength in lower extremities, and normal sensation. Lumbar flexion is to 50 degrees and extension to 5 degrees with low back pain. He has a negative straight leg raise bilaterally. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, Rigid lumbosacral orthosis (LSO) is not medically necessary.