

<b>Case Number:</b>	CM15-0142203		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	05/26/2015
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 is a 24 year old male, who sustained an industrial injury on 5-26-15. Initial complaints were not reviewed. The injured worker was diagnosed as having thoracic myofascial strain. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 6-5-15 indicated the injured worker complains of mid-upper back mostly on the right side. The provider documents the mechanism of injury was twisting the back at work on September 2013. Since then he has been having intermittent upper back pain. He was initially followed by an outside medical facility. He made good progress and was discharged. However, since his release, he has stated to have upper back pain. He was evaluated by his primary physician who referred him to Orthro-spine. He was diagnosed with having a mild curvature of the spine with mild degenerative changes. He did not have a MRI. The pain is reported as beginning immediately and located in the right upper back. It is described as acute, moderate, aching and constant. The pain did not radiate. The pain is documented as exacerbated by flexion, bending over, walking and standing. His symptoms are alleviated by sitting or lying down; resting. On physical examination, the back has limited range of motion with flexion at 80, extension 10 degrees, left and right lateral 30 degrees. Palpable muscular tenderness in the thoracic region is noted. He has trigger points palpated on the right upper back. The provider documents a normal gait with negative straight leg raising and deep tendon reflexes 2+. The provider is requesting authorization of Lumbosacral orthosis (LSO), specifically Apollo LSO or equivalent for lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbosacral orthosis (LSO), specifically Apollo LSO or equivalent for lumbar spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Lumbar supports.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, lumbosacral orthosis (LSO) specifically Apollo or equivalent for lumbosacral spine is not medically necessary. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. In this case, the injured worker's working diagnoses are thoracic disc displacement without myelopathy; lumbar disc displacement without myelopathy; partial tear rotator cuff tendon right shoulder; carpal sprain strain right wrist; sciatica; and ganglion cyst right wrist. Date of injury is May 26, 2015. Request for authorization is June 25, 2015. The injured worker was treated at occupational health June 5, 2015 through June 17, 2015. According to a June 18, 2015 initial evaluation (orthopedist), subjectively the injured worker (25 years old) has complaints of thoracic and lumbar pain and pain in the right shoulder. Objectively, range of motion of the lumbar spine was decreased, there was tenderness to palpation bilaterally and in a spasm present. There was no instability of the lumbar spine. The treating provider requested LSO brace to stabilize the lumbar spine and promote healing. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. Consequently, absent guideline recommendations and clinical objective findings of instability as an indication for a lumbar LSO brace, lumbosacral orthosis (LSO) specifically Apollo or equivalent for lumbosacral spine is not medically necessary.