

<b>Case Number:</b>	CM15-0145617		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	04/22/2001
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Physical Medicine & Rehabilitation

### 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 48-year-old female, who sustained an industrial injury on 4-22-2001. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include lumbago, cervicgia, radiculitis, and cervical degenerative disc disease, without myelopathy; status post lumbar fusion with recurrent lesion, and myofascial pain-spasm. Currently, she complained of pain in the left shoulder and low back with radiation to bilateral lower extremities, left greater than right. On 6-23-15, the physical examination documented lumbar tenderness and decreased range of motion. The plan of care included a request to authorize a lumbar spine LSO brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO brace, lumbar spine:** Overturned

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

**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 chapter, under lumbar supports.

**Decision rationale:** The patient was injured on 04/22/01 and presents with left shoulder pain and low back pain. The request is for a LSO BRACE FOR THE LUMBAR SPINE. The utilization review denial rationale is that "there is no indication of fracture or instability." The RFA is dated 07/22/15 and the patient's current work status is not provided. ACOEM Guidelines page 301 on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of the symptom relief." ODG Guidelines under its low back chapter, lumbar supports states, "prevention: not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment, ODG further states, "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and treatment for nonspecific LBP (very low quality evidence, but may be a conservative option)." The patient has lumbar tenderness and decreased range of motion. She is diagnosed with lumbago, cervicgia, radiculitis, and cervical degenerative disc disease, without myelopathy; status post lumbar fusion with recurrent lesion, and myofascial pain-spasm. The 05/22/13 MRI of the lumbar spine revealed Grade spondylolisthesis. ODG states that LSO brace is a recommended option for those with spondylolisthesis, which this patient presents with. Therefore, the requested LSO brace IS medically necessary.