

<b>Case Number:</b>	CM15-0146458		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	08/25/2006
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Preventive Medicine, Occupational 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 66 year old female who sustained an industrial injury on 8-25-2006. The injured worker was diagnosed as having neck pain, multilevel lumbar sacral injury, pelvic torsion with myofascial pain syndrome, multiple lumbar level facet impingements, depression secondary to chronic pain, and loss of balance. Treatment to date has included exercise and medication. The provider's progress note on 7-9-2105 reported the injured worker complained of continued neck pain (2-7/10) and back pain (2-7/10) with radiation to the legs. Pain is worse with activity and medication helps lessen the pain. She continues to experience left-sided headaches. Physical examination findings included paravertebral tenderness in cervical region, limited cervical range of motion, cervical and lumbar paravertebral muscle spasms and severe tenderness to pressure at facets L3-S1, decreased sensation to touch on the right lower extremity and positive straight leg raise bilaterally. The treating physician requested authorization for thoracic lumbosacral orthosis with anterior and posterior lateral stabilization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thoracic lumbo sacral orthosis with anterior and posterior lateral stabilization:** Upheld

**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): 307-8. Decision based on Non-MTUS Citation 1) Kreiner DS, et al. North American Spine Society (NASS). Diagnosis and treatment of lumbar disc herniation with radiculopathy. North American Spine Society (NASS); 2012 2) Kreiner DS, et al. North American Spine Society (NASS). Diagnosis and treatment of degenerative lumbar spinal stenosis. North American Spine Society (NASS); 2011. 104 p. [542 references] 3) Canadian Institute of Health Economics: Toward Optimized Practice. Guideline for the evidence-informed primary care management of low back pain. Edmonton (AB): Toward Optimized Practice; 2011. 37 p. [39 references].

**Decision rationale:** A Thoraco-Lumbar-Sacral Orthosis Back Brace is a device designed to limit the motion of the spine. It is used in cases of vertebral fracture or in post-operative fusions, as well as a preventative measure against some progressive conditions or for work environments that have a propensity for low back injuries. The patient has none of these indications. The ACOEM guideline as well as other guidelines do not recommend use of a back brace or corset for treating low back pain as its use is not supported by research-based evidence. When back braces are used any benefits from its use goes away as soon as the brace is removed. Although this patient does experience worsening pain on sitting and standing there is no mention of significant impairment in most of her activities of daily living (ADL) due to her back symptoms, in fact the records mention only her headaches limit her ADLs. Considering the known science and the patient's documented impairments there is no indication for use of a back brace in treating this patient at this time. Medical necessity has not been established. The request is not medically necessary.