

<b>Case Number:</b>	CM15-0168316		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	09/23/2009
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51-year-old female sustained an industrial injury to the right knee and left ankle on 9-23-09. On 11-5-09, the injured worker was involved in a motor vehicle accident with subsequent back pain. Previous treatment included physical therapy, injections and medications. In a PR-2 dated 7-23-15, the injured worker complained of increasing left knee pain, rated 10 out of 10 on the visual analog scale, with radiation down the leg and left foot pain rated 6 to 7 out of 10. The injured worker reported having difficulty sleeping due to pain. The injured worker was pending a left total knee replacement. Physical exam was remarkable for limited bilateral knee flexion with tenderness to palpation and lumbar spine with tenderness to palpation and guarding along the paraspinal musculature with positive right straight leg raise. The injured worker walked with a slow, guarded gait. Current diagnoses included status post right total knee replacement and left knee degenerative joint disease. The treatment plan included requesting authorization for a LSO brace for daily use and continuing medications (Vicodin, Omeprazole and Neurontin). Utilization Review denied the request noting that the injured worker was receiving treatment for chronic back pain and citing ACOEM guidelines for use of lumbar supports during the acute phase of care only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) custom LSO brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar supports.

**Decision rationale:** Per the ODG with regard to lumbar supports: Not recommended for prevention. Recommended as an option for treatment. See below for indications. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (Van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (Van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (Van Duijvenbode, 2008) Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of non-specific LBP (very low quality evidence, but may be a conservative option). As there is only very low-quality evidence supporting the use of back braces for the purpose of treatment, medical necessity cannot be affirmed. This request is not medically necessary.