

<b>Case Number:</b>	CM15-0205031		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	06/17/2011
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 was a 55 year old male, who sustained an industrial injury, June 7, 2011. The injured worker was undergoing treatment for low back pain, neural encroachment with radiculopathy at L2-L3, L3-L4 and L4-L5 levels and 4mm protrusion at L2-L3, L3-L4, L4-L5 and 2mm at L5-S1 with facet osteoarthropathy at L3-S1. According to progress note of June 16, 2015, the injured worker's chief complaint was low back pain. The pain was rated at 8 out of 10 with the right greater than the left lower extremity symptoms. The condition was worsening with resultant decline in activity and function. The injured worker was taking 6 Percocet 10mg per day. The physical exam noted a slow and deliberate, non-antalgic gait. The injured worker had difficulty arising from a seated position. There was tenderness of the lumbar spine and lumboparaspinal musculatures with spasms. There was decreased range of motion of the lumbar spine. The neurologic examination noted decreased dermatomes at L4, L5 and S1 distributions. The deep tendon reflexes were intact and symmetrical bilaterally. The injured worker previously received the following treatments pain management, failed physical therapy and home exercise program, 2 epidural steroid injections for the lumbar spine which have failed, Percocet, Tramadol, Cyclobenzaprine, lumbar spine MRI showed 4mm protrusion at L2-L3, L3-L4, L4-L5 and 2mm at L5-S1 with facet osteoarthropathy at L3-S1. The UR (utilization review board) denied certification on September 22, 2015; for the retrospective payment for LSO for the lumbar spine on July 8, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Lumbo-Sacral Orthosis (LSO) for the lumbar spine (DOS: 07/08/2015):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** There is no indication of instability, compression fracture, or spondylolisthesis precautions to warrant a lumbar support beyond the acute injury phase. Reports have not adequately demonstrated the medical indication for the back brace. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This claimant is well beyond the acute phase for this chronic June 2011 injury. In addition, ODG states that lumbar supports are not recommended for prevention and is under study for the treatment of nonspecific LBP and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, post-operative treatment, not demonstrated here. The Retrospective Lumbo-Sacral Orthosis (LSO) for the lumbar spine (DOS: 07/08/2015) is not medically necessary and appropriate.