

<b>Case Number:</b>	CM15-0208193		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	12/26/2013
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 49 year old, male who sustained a work related injury on 12-26-13. A review of the medical records shows he is being treated for neck, left shoulder and low back pain. In the Doctor's First Report of Occupational Injury-Comprehensive Consultation dated 7-14-15 and Follow-up Consultation dated 8-17-15, the injured worker reports constant, sharp, dull and achy low back pain. He rates his back pain a 4 out of 10 which improved from July's visit rating of 7-8 out of 10. He has back pain which radiates down left leg with numbness and tingling. On physical exam dated 8-17-15, he has tenderness of paralumbar muscles. He has mild discomfort upon palpation of bilateral sciatic notches. Lumbar range of motion is decreased. Treatments have included lumbar surgery on 8-5-14, greater than 6 physical therapy sessions, and medications. Current medications include Extra Strength Tylenol, Prilosec, Misoprostol, stool softeners and Cymbalta. There is no notation of working status. The treatment plan includes lumbar spine x-rays and a lumbosacral orthosis (LSO) brace. In the Utilization Review dated 9-24-15, the requested treatment of a LSO back brace is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO brace:** Upheld

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

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

**Decision rationale:** LSO brace is a device for lumbar support. There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies. Per ODG lumbar support is recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). In this case there is no documentation of compression fractures, spondylolisthesis, or documented instability. LSO brace is not indicated. The request should not be medically necessary.