

<b>Case Number:</b>	CM15-0215603		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	07/22/2004
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 49 year old female, who sustained an industrial injury on 07-22-2004. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbosacral neuritis or radiculitis, and lumbar spine muscle spasms. Medical records (03-12-2015 to 10-23-2015) indicate ongoing radiating low back pain. Pain levels were rated 5-9 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the most recent progress report, the IW's work status was not specified. The physical exam, dated 10-23-2015, revealed tenderness to palpation over the lumbar spine, limited and painful range of motion in the lumbar spine, positive straight leg raise on the right, and a mild antalgic gait. Relevant treatments have included: physical therapy, acupuncture, chiropractic treatments, work restrictions, and medication. The request for authorization (10-23-2015) shows that the following equipment was requested: custom LSO (lumbar sacral orthosis) brace. The original utilization review (10-29-2015) non-certified the request for custom LSO brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom LSO (lumbar sacral orthosis) brace:** Upheld

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

**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 & Thoracic (Acute & Chronic), Lumbar supports and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

**Decision rationale:** The claimant has a remote history of a work injury in July 2004 and is being treated for radiating low back pain. When seen, pain was rated at 8/10. Physical examination findings included a mildly guarded gait. There was lumbar tenderness with limited and painful range of motion and positive right straight leg raising. A dynamic MRI of the lumbar spine included findings of Grade I retrolisthesis at L5/S1 with measurements of 3.0 mm with flexion and neutral position and 2.7 mm with extension. A custom lumbar orthosis is being requested. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone a recent fusion. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support is not medically necessary.