

<b>Case Number:</b>	CM15-0034363		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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:

This 40-year-old female sustained a work related injury on 08/16/2013. According to a progress report dated 12/22/2014, the injured worker was seen for follow up of her MRI of the lower back pain and numbness into both thighs. According to the provider, the MRI showed that central herniation had narrowing and foraminal stenosis of a moderate degree bilaterally in comparison to the upper junctional levels. It looked as if the left S1 root was compressed in the lateral recess. There was mild impingement of the right S1 root as well as some enhancement behind the posterior disk space previously noted. Impression was noted as progressive lower back, buttock and leg pain with thigh numbness, most likely secondary to progressive right L5-S1 central disk herniation and neural compression as described and advanced degenerative disease with foraminal stenosis. Recommendations included re-exploration, laminectomy, discectomy and posterior interbody fusion at L5-S1. On 02/17/2015, Utilization Review non-certified LSO Brace. According to the Utilization Review physician, the requested procedure was not necessary. Official Disability Guidelines, Low Back, Back brace, postoperative (fusion) were referenced for the request. The decision was appealed for an Independent Medical Review.

### 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, Back Brace, post operative.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, lumbar supports.

**Decision rationale:** The patient presents with pain and weakness in her lower back and lower extremity. The request is for LSO BRACE. The patient is s/p right L5-S1 discectomy in December 2013. The patient has had physical therapy postoperatively. The patient's work status is not known. Per 12/22/14 progress report, the patient has strong heel and toe walking. MRI of the lumbar spine reveals progressive right L5-S1 central disk herniation and neural compression. The treater recommends re-exploration, Laminectomy, discectomy and posterior interbody fusion at L5-S1. ACOEM Guidelines page 301 on lumbar bracing state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under its Low Back Chapter, lumbar supports states, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment ODG further states, "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, the patient does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. For non-specific low back pain, there is very low quality evidence. This request IS NOT medically necessary.