

<b>Case Number:</b>	CM15-0039968		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	11/26/2002
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 is a 59 year old female, who sustained an industrial injury on November 26, 2002. She reported right knee pain, bilateral wrist and hand pain and low back pain with associated headache and shoulder pain. The injured worker was diagnosed as having lumbar disc disease and lumbar facet syndrome. Treatment to date has included radiographic imaging, diagnostic studies, electrodiagnostic studies in 2003, conservative therapies including physical and occupational therapy, pain medications and work restrictions. Currently, the injured worker complains of low back pain with spasms and locking, reduced lumbar range of motion and a wide gait. The injured worker reported an industrial injury in 2002, resulting in chronic low back pain. She has been treated conservatively without resolution of symptoms. She reported physical and occupational therapy provided temporary benefit. Evaluation on January 23, 2015, revealed continued low back pain with locking and tightness and associated tingling and numbness to the lower extremities noted. The treatment plan included continuing medications and administering a facet joint injection of the lumbar spine.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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:** This patient has a date of injury of 11/26/09 and presents with chronic low back pain that radiates into the lower extremities with tingling in the legs. The current request is for LSO BRACE. Physical examination revealed diffuse tenderness to palpation over the paravertebral musculature. There is moderate to severe facet tenderness to palpation noted over the L4-S1 levels. There is positive Kemp's test and Supine straight leg raise bilaterally. The treating physician is requesting a lumbosacral orthosis or brace for use at home. 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 suffers from low back pain that is not related to compression fractures, spondylolisthesis, or instability. The use of lumbar supports such as back braces has not been proven for the management of post-operative pain, and ODG does not support the use of back braces for preventive purposes. Therefore, this request IS NOT medically necessary.