

<b>Case Number:</b>	CM15-0059214		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	09/27/2007
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 48-year-old male, who sustained an industrial injury on September 27, 2007. He reported low back pain, left leg pain, antalgic gait and decreased range of motion. The injured worker was diagnosed as having lumbago, thoracic disc disorders and sciatica. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, conservative treatments, orthotics, medications and work restrictions. Currently, the injured worker complains of low back pain, left leg pain, antalgic gait and decreased range of motion. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 12, 2015, revealed continued pain. A bioskin LSO brace was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bioskin LSO Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Lumbar Support.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, Bioskin LSO brace is not medically necessary. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. In this case, the injured workers working diagnoses are lumbago; other and unspecified disc disorders thoracic region; and sciatica. Documentation shows the interim worker underwent lumbar fusion in 2011. August 2014 the injured worker was instructed to pick the back brace of his choice. The progress notes from March 12, 2015 states the injured worker needs a new back brace. There is no documentation in the medical record as to whether or not the back brace provided objective improvement. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports. Lumbar supports are not recommended for prevention. Consequently, absent guideline recommendations for lumbar supports, Bioskin LSO brace is not medically necessary.