

<b>Case Number:</b>	CM14-0123113		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57-year-old male who sustained an injury on 4/1/13. As per the report of 5/27/14 the patient complained of constant lumbar spine pain on the left side. He rated his pain at 7/10 and described his pain as burning, sharp, and aching at the left side. He had radiculopathy on the left lower extremity and weakness in the left leg. Examination revealed tenderness at the left thoracic-lumbar spine. Motor testing was normal at 5/5 in the lower extremities. SLR was positive on the left. Reflex testing was normal at +2. MRI of lumbar spine on 6/6/13 revealed 14 mm extruded disc extrusion at L4-5. Fracture was not documented. Past treatments have included physical therapy, home exercise, medications and epidural steroid injection on 5/2/14 which provided decreased numbness in his left leg, but he continued to have pain in the lumbar spine. Urine drug screen on 6/3/14 revealed consistency with prescription therapy of gabapentin and Tramadol. Diagnoses: sprains and strains of other and unspecified parts of back, lumbar Spine; displacement of lumbar intervertebral disc without myelopathy; thoracic or lumbosacral neuritis or radiculitis, unspecified. The request for Lumbar-Sacral Orthosis (LOS) Brace was denied on 7/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar-Sacral Orthosis (LOS) Brace, Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Online Edition

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back

**Decision rationale:** The ACOEM states there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG states Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. According to the guidelines, there is no evidence to substantiate back supports are effective in preventing back pain. These devices have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar support is not recommended under the guidelines. At this juncture, the use of devices such as lumbar support should be avoided, as these have not been shown to provide any notable benefit, and prolonged use has potential to encourage weakness, stiffness and atrophy of the paraspinal musculature. Based on the MTUS ACOEM and Official Disability Guidelines and the clinical documentation stated above, the request for purchase of a Lumbar-Sacral Orthosis (LOS) Brace is not medically necessary.