

<b>Case Number:</b>	CM14-0157419		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	02/21/2011
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Occupational and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in Ohio and West Virginia. 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:

Individual is a 56 year old female with a 2-21-11 date of industrial injury. Pertinent diagnosis include; herniated thoracic disc T8-9, left shoulder strain/sprain with impingement and a partial cuff tear, herniated L4-5, L5-S1 with radiculopathy, right shoulder tendinitis impingement and partial rotator cuff tear with herniated cervical discs C4-5, C5-6, C6-7. In a physical exam dated 8-7-14 individual complains of bilateral shoulder pain, cervical spine, mid back and lower back pain, and headaches (subjective). Decreased range of motion in the spine, positive straight leg test, paraspinal tenderness with spasm noted during exam with weakness in the big toe dorsiflexors and big toe plantar flexor bilaterally (objective). Physician notes that the individual has failed conservative treatment for pain control including rest, therapy and pain medication. The individual has used a LSO brace in the past, but it is now broken. There is a request for a replacement LSO brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO Brace (replacement):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 301. Decision based on Non-MTUS Citation Low Back (Lumbar and Thoracic),  
Lumbar Support

**Decision rationale:** ACOEM states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that it is not recommended for prevention. It is recommended as an option for treatment. See below for indications.  
Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (Van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (Van Duijvenbode, 2008). ODG states for use as a treatment: 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). The patient is beyond the acute phase of treatment and the treating physician has provided no documentation of spondylolisthesis or documented instability. As such the request for a replacement Lumbar Sacral Orthosis Brace is not medically necessary. ODG states for use as a treatment "Treatment: 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)." The patient is beyond the acute phase of treatment and the treating physician has provided no documentation of spondylolisthesis or documented instability. As such the request for a replacement LUMBAR SACRAL ORTHOSIS BRACE is deemed not medically necessary.