

<b>Case Number:</b>	CM14-0095806		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Tennessee. 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 patient is a 24-year-old female who has submitted a claim for low back pain, degenerative disc disease, lumbar radiculopathy, and cervical strain associated with an industrial injury date of 02/08/2012. Medical records from 10/05/2013 to 07/25/2014 were reviewed and showed that patient complained of low back pain (pain scale grade not specified) radiating down bilateral lower extremities. Physical examination revealed muscle spasm and tightness, positive SLR test at 65 degrees bilaterally, intact DTR and sensation to light touch of lower extremities. Lumbar spine MRI dated 04/15/2014 revealed L4-5 disc desiccation, disc bulge, bilateral foraminal compromise, and facet joint hypertrophy, and L5-S1 disc bulge. EMG of the lower extremities dated 02/03/2012 revealed active L5 denervation. Treatment to date has included lumbar left L5-S1 ESI (01/30/2014), physical therapy, acupuncture, and pain medications. Utilization review dated 05/21/2014 denied the request for LSO back brace because the guidelines do not support the use of back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar-Sacral Orthosis (LSO) Back Brace.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation 2014: Low Back: Lumbar Supports.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Supports.

**Decision rationale:** CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that lumbar support is not recommended for prevention of back pain. A systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. In this case, the patient complained of low back pain radiating down bilateral lower extremities which prompted request for back brace. However, the guidelines do not recommend the use of lumbar support for prevention of back pain. There was no discussion as to why variance from the guidelines is needed. Therefore, the request for Lumbar-Sacral Orthosis (LSO) Back Brace is not medically necessary.