

<b>Case Number:</b>	CM15-0009341		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	01/31/2011
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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:

January 31, 2011. The injured workers chief complaint was low back pain with radiation of pain down the legs. The injured worker was diagnosed with degenerative disc disease, recurrent disc protrusion of L5-S1, left L4-L5; left worse than the right foraminal stenosis with disc protrusion, degenerative disc disease at L4-L5 and L5-S1, status post right hemi laminotomy on April 18, 2012, with postoperative improvement; however the recurrent herniation with recurrent right leg pain, right leg radiculopathy, unresponsive to current therapy and chronic right S1 radiculopathy. The injured worker was treated with physical therapy, FCE (functional capacity Evaluation), ice packs, back surgeries, medications, injections and pain management. On January 12, 2015, the primary treating physician requested authorization for lumbosacral orthopedic brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO lumbar spine 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 (ODG) - Treatment in Workers' Compensation (TWC), Low Back, Procedure Summary last updated 11/21/2014, Lumbar Supports

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

**Decision rationale:** The patient, a 54-year-old female with an injury date of 01/31/11, presents with right-sided low back, right leg, and residual back pain rated 5-6/10. The request is for LSO LUMBAR SPINE BRACE. The RFA provided is dated 12/01/14. Patient's diagnosis included degenerative disc disease, recurrent disc protrusion of L5-S1, left L4-L5; left worse than the right foraminal stenosis with disc protrusion, degenerative disc disease at L4-L5 and L5-S1, and chronic right S1 radiculopathy. Patient is temporarily totally disabled. 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. Treater is requesting a lumbar brace to reduce pain by restricting the mobility of the trunk. In this case, the patient does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. For non-specific low back pain, there is very low quality evidence. The request IS NOT medically necessary.