

<b>Case Number:</b>	CM15-0016494		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	03/18/2002
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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

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 69 year old male, who sustained an industrial injury on 3/18/02. He has reported back injury. The diagnoses have included post lumbar laminectomy syndrome, lumbar spinal stenosis and lumbar degenerative disc disease. Treatment to date has included oral medications, spinal cord stimulator and LSO brace (malfitting). Currently, the injured worker complains of pain in lower back radiating down both legs to feet, he notes there is no change in pain from last visit. The progress note dated 12/16/14 revealed severe decreased range of motion of lumbar spine due to pain, palpable spasms with positive twitch response bilateral lumbar paraspinous musculature, LSO brace on and ambulating with walker. On 1/23/15 Utilization Review non-certified a LSO brace, noting the lack of clinical indication for the use of a LSO brace. The MTUS, ACOEM Guidelines, was cited. On 1/28/15, the injured worker submitted an application for IMR for review of LSO brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 3rd edition. Bibliographic Source: Low back disorders. Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 333-796. Table 2: Summary of Recommendations by Low Back Disorder. <http://www.guideline.gov/content.aspx?id=38438>

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses lumbar supports. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 301) states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ACOEM 3rd edition occupational medicine practice guidelines (2011) state that lumbar supports are not recommended for the treatment of low back disorders. Lumbar supports are not recommended for prevention of low back disorders. Medical records document a history of low back conditions. MTUS and ACOEM guidelines do not support the medical necessity of lumbar supports. Therefore, the request for a LSO brace is not medically necessary.