

<b>Case Number:</b>	CM15-0116002		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 64 year old female sustained an industrial injury to the low back on 8/29/13. Previous treatment included physical therapy, acupuncture, injections, home exercise and medications. Magnetic resonance imaging lumbar spine (5/9/14) showed a transitional vertebral body at L5 with spondylolisthesis at L4-5 and marked degenerative changes. In a PR-2 dated 5/18/15, the injured worker complained of low back pain with radiation down bilateral legs to the feet. The injured worker reported being limited to walking for two blocks and having trouble standing for more than one hour due to pain. Physical exam was remarkable for tenderness to palpation to the lumbar spine with decreased range of motion, decreased left lower extremity strength, intact sensation and positive left straight leg raise. Current diagnoses included lumbar spinal stenosis with neurogenic claudication, acquired spondylolisthesis, pelvic joint pain and lumbago. The treatment plan included L4-5 laminectomy, posterior spinal fusion and left TLIF with associated surgical services including a post-operative LSO back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO back brace for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): ACOEM, Chapter 12, Low back, page 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ACOEM, Chapter 12, Low back, page 298.

**Decision rationale:** ODG, Back, Back brace, post surgical. This claimant was injured in 2013. Magnetic resonance imaging of the lumbar spine showed degenerative changes. As of May 2015, there was still low back pain with tenderness to palpation to the lumbar spine, and decreased range of motion. Current diagnoses included lumbar spinal stenosis with neurogenic claudication, acquired spondylolisthesis, pelvic joint pain and lumbago. A surgery was planned. The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Regarding post surgical back brace, the ODG notes: Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. In this case, the claimant is well past the acute phase of care. There is no evidence of lumbar spinal instability. If being used post surgery, an off the shelf brace is sufficient, and not a full lumbar sacral orthotic. Therefore, this request is appropriately not medically necessary.