

<b>Case Number:</b>	CM15-0119789		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	07/01/1999
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: 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:

The injured worker is a 79-year-old male who sustained an industrial injury on 7/1/1999. Diagnoses have included lumbar degenerative disc disease, L4-5 with multilevel spondylosis, facet arthropathy and foraminal stenosis and status post bilateral total knee arthroplasty. Comorbid conditions include obesity (BMI 32.8). Treatment to date has included surgery, use of a cane and medications. According to the progress report dated 4/21/2015, the injured worker complained of ongoing low back pain with stiffness and radiation to his legs. Exam of the lumbar spine revealed tenderness about the lower, lumbar paravertebral musculature. The injured worker ambulated with a cane. Authorization was requested for a lightweight lumbosacral orthosis (LSO).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Light weight lumbosacral orthosis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-8. Decision based on Non-MTUS Citation 1) North American Spine Society

(NASS). Diagnosis and treatment of degenerative lumbar spinal stenosis. Burr Ridge (IL): North American Spine Society (NASS); 2011. 104 p. [542 references]. 2) Canadian Institute of Health Economics: Toward Optimized Practice. Guideline for the evidence-informed primary care management of low back pain. Edmonton (AB): Toward Optimized Practice; 2011. 37 p. [39 references].

**Decision rationale:** A Lumbar-Sacral Orthosis (LSO) Back Brace is a device designed to limit the motion of the spine. It is used in cases of vertebral fracture or in post-operative fusions, as well as a preventative measure against some progressive conditions or for work environments that have a propensity for low back injuries. The injured worker has none of these indications. The ACOEM guideline as well as other guidelines does not recommend use of a back brace or corset for treating low back pain as its use is not supported by research-based evidence. When back braces are used any benefits from its use goes away as soon as the brace is removed. Although the injured worker is complaining of low back pain there is no mention of significant impairment in most of his activities of daily living. Considering the known science and the patient's documented impairments there is no indication for use of a back brace in treating this patient at this time. Therefore, this request is not medically necessary.