

<b>Case Number:</b>	CM15-0046566		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	11/27/2009
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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, Indiana, New York  
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 54 year old female who sustained an industrial injury on November 27, 2009. She has reported pain to the lower back and has been diagnosed with lumbar spine. Treatment has included physical therapy, chiropractic care, acupuncture, and epidural. Currently the injured worker complains of low back pain that was radiating down both legs worse on the right. The treatment request included a custom molded TLSO brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom molded TLSO brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Lumbar support.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, Custom molded LSO brace is not medically necessary. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. In this case, the most recent progress note from the treating orthopedist is dated January 6, 2015. There is an assessment and plan in the medical record with no subjective or objective findings. The assessment and plan states the injured worker was seen by a psychiatrist. There is no report to evaluate. The physician states he will give trazodone and nortriptyline to the injured worker. "Once we have clearance from the psychiatrist we may re-request surgery at that point". There are no specific diagnoses enumerated in the medical record progress. The treating physician in the utilization review, according to a February 17, 2015 progress note, indicated the injured worker has ongoing low back pain that radiated down the legs with stiffness and weakness. Examination showed increased pain on range of motion positive straight leg raising the right lower extremity and decreased sensation right L4 distribution. X-rays showed spondylolisthesis worse at L5 - S1. The plan was L4 - L5 and L5 - S1 posterior fusion. It does not appear the injured worker has been authorized for the surgical procedure. There is no documentation in the medical record indicating a back brace is indicated nor is there a clinical rationale for a back brace. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. Consequently, absent clinical documentation with an appropriate clinical indication and rationale for a back brace, custom molded LSO brace is not medically necessary.