

<b>Case Number:</b>	CM15-0074405		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	08/27/2000
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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:

The injured worker is a 46 year old male who sustained a work related injury August 27, 2000. According to a primary treating physician's progress report, dated March 24, 2015, the injured worker presented with lumbar sacral pain, which is checked off a list as moderate to severe, frequent and described as dull, sharp and achy. There is tenderness of the paraspinals spasm and guarding, positive straight leg raise, and a decrease in sensation. Diagnoses are documented as lumbar spine sprain/strain and 9mm disc protrusion L4-L5 and bilateral L5 radiculopathy. Treatment plan included request for authorization of a Prolign lumbar sacral support brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prolign LSO brace:** 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): 301. Decision based on Non-MTUS Citation Official disability guidelines Low back Chapter, lumbar supports.

**Decision rationale:** Based on the 03/24/15 progress report provided by treating physician, the patient presents with lumbar sacral pain. The request is for PROLIGN LSO BRACE. RFA not provided. Patient's diagnosis on 03/24/15 included lumbar spine sprain/strain with bilateral lower extremity radiculopathy, 9mm disc protrusion L4-L5, 2mm DB L3-L4, stenosis L3-S1, moderate facet osteoarthritis L4-S1, and bilateral L5 radiculopathy. Physical examination to the lumbar spine on 03/24/15 revealed spasm, guarding and tenderness to paraspinals, positive bilateral straight leg raise test, and decreased sensation to bilateral L5 distribution. Patient may return to modified duty, per 03/24/15 treater report. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Low Back - Lumbar & Thoracic Chapter, lumbar supports topic, 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)." For post-operative bracing, ODG states, "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." Treater has not provided reason for the request. In this case, the patient does not present with fracture, instability or spondylolisthesis to warrant lumbar bracing. There is no mention of recent back surgery, either. The guidelines support the use of a lumbar brace in the acute phase of care and this patient is in the chronic phase of care. Therefore, the request IS NOT medically necessary.