

<b>Case Number:</b>	CM13-0027521		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	08/19/2009
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 40-year-old male who reported an injury on 08/19/2009 of unknown mechanism. The injured worker had a history of lower back pain radiating to postero-lateral thighs calves and feet. The injured worker had a past surgery of thoracic fusion at the T6-12 and T12-L1 with diagnoses that include lumbar post-laminectomy syndrome, lumbar sacral radiculitis, lumbosacral disc degeneration and bursitis trochanteric. The physical examination of the lumbar spine revealed range of motion with limited flexion of 90 degrees and extension to 10 degree. The lumbar facet loading was positive at the L4-L5 region on both sides. The medications included Norco 10/325 mg, 3 times a day for 7 days. The injured worker previously attended physical therapy. The request for authorization was not included in the documentation. The provider's rationale for the request was not provided within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO RIGD ANTERIOR & POSTERIOR FRAME/PANEL PREFAB BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-308.

**Decision rationale:** The request for a lumbar sacral orthosis rigid anterior and posterior frame/panel prefab brace is not medically necessary. The CA MTUS/ACOEM states lumbar supports (corset) are not for the treatment of low back disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Lumbar support (corset) is not for the treatment of low back disorders. The documentation provided reveals multilevel fusions to the thoracic region. There is a lack of documentation indicating the injured worker has significant spinal instability for which a brace would be indicated. The request for lumbar sacral rigid anterior and posterior frame/panel prefab brace is not medically necessary.