

<b>Case Number:</b>	CM13-0031714		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	05/31/2006
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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 claimant is a 50 year old male who sustained a work related injury to his low back while driving a truck that hit a pothole on May 31, 2006. The claimant has current complaints of low back and bilateral leg pain and was noted to be status post a prior hemilaminectomy in 2009 at the L4-5 level. A recent clinical assessment indicated that the claimant continued to be treated conservatively for his lumbar complaints. The claimant was noted to be status post a recent spinal cord stimulator trial as well as medication management, stimulator devices, previous bracing, physical therapy, epidural injections, and facet procedures. A progress assessment on August 30, 2013 noted continued complaints of low back pain as well as carpal tunnel syndrome for a diagnosis of radiculopathy and an LSO brace was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO Brace Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 298-301.

**Decision rationale:** Based on the ACOEM 2004 Guidelines the use of a back brace in this case is not indicated. The ACOEM Guideline criteria specifically indicate that lumbar supports have

not been shown to have any lasting benefit beyond the acute phase of symptomatic relief. ACOEM also recommends that there is no effectiveness of lumbar supports in preventing back pain. The claimant's clinical records would not indicate any current indication or diagnosis to support the request for use of a brace for prevention or treatment. The specific request given the claimant's current clinical presentation would not be supported.