

<b>Case Number:</b>	CM13-0049233		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/24/2008
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 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 patient is a 49-year-old female with date of injury on 04/24/2008. The progress report, dated 10/10/2013 by [REDACTED], indicates that the patient's diagnoses include: Lumbar sprain/strain, lumbar/lumbosacral disk degeneration, lumbar disk displacement. The patient continues with low back pain with associated radiation to the upper back and lower extremities. Exam findings include 5/5 strength of bilateral lower extremities, mild to moderate pain with lumbar flexion and extension, positive straight leg raise bilaterally at 45 to 60 degrees, decreased sensation bilaterally at L5 distribution. MRI of the lumbar spine in 2012 indicated moderate disk desiccation and degeneration at L4-L5 and L5-S1 levels. L4-L5 H&P causing moderately severe spinal stenosis, L5-S1 disk protrusion causing spinal stenosis. There is a request for authorization of an LSO Summit 631 back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) LSO Summitt 531 back 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 (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The patient continues with chronic low back pain from date of injury in 2008 with radicular symptoms. MTUS is silent regarding lumbar supports. ACOEM Guidelines page 301 states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines (ODG) also states that lumbar supports are recommended as an option for compression fractures, specific treatment of spondylolisthesis, documented instability and for nonspecific LBP(very low-quality evidence). The request for lumbar brace does not appear to be supported by the guidelines noted above. Therefore, recommendation is for denial.