

<b>Case Number:</b>	CM13-0050318		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	04/04/2008
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Occupational Medicine 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 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 applicant is a represented employee who has filed a claim for chronic low back pain associated with an industrial injury of April 4, 2008. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a December 21, 2012, progress note, the patient's treating provider, a spine surgeon, stated that he was a candidate for an L4-L5 posterior lumbar interbody fusion. He is placed off of work, on total temporary disability. The request for a surgical fusion was again reiterated on March 22, 2013. On October 4, 2013, the patient was again described as off of work, on total temporary disability. The patient was reportedly hesitant to undergo the proposed spinal fusion surgery. Norco and cyclobenzaprine were renewed. In a letter dated October 5, 2013, the attending provider stated that he was seeking authorization for a pneumatic backrest to reduce pain and muscle stiffness postoperatively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AN LSO BRACE FOR THE LUMBAR SPINE:** 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 rationale:** As noted in the MTUS-adopted ACOEM Guidelines, lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, the patient was well outside of the acute phase of symptom relief. Lumbar supports are not indicated in the chronic pain context present here. Accordingly, the requested LSO brace is not medically necessary or appropriate.