

<b>Case Number:</b>	CM13-0064947		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Anesthesia, has a subspecialty in Pain Management and Acupuncture, 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 patient is a 60-year-old injured worker with date of injury 3/7/13 with related low back pain and right lower extremity pain. According to the 10/21/13 examination, the patient had diminished sensation in the right L5-S1 dermatome and had a positive straight leg raise on the right. MRI of the right knee dated 10/5/13 notes tricompartmental osteoarthritic changes with associated effusion and an increased signal of the posterior horn of the medial meniscus, suggestive of a possible tear. There is no imaging of the lumbar spine provided. The injured worker's spasm was refractory to physical therapy, activity modification, TENS (transcutaneous electrical nerve stimulation), home exercises, cold, heat, stretching. The date of UR decision was 11/27/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO SAG-CORDO RIGID FRAME PRE FOR THE LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9,301.

**Decision rationale:** The Prevention Chapter of the ACOEM Practice Guidelines states that the use of back belts as lumbar support should be avoided because they have been shown to have

little or no benefit, thereby providing only a false sense of security. Additionally the Low Back Complaints Chapter of the ACOEM Practice Guidelines states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The request for an LSO Sag-Coro rigid frame PRE for the lumbar spine is not medically necessary or appropriate.