

<b>Case Number:</b>	CM13-0070804		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	12/12/2003
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Internal 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 patient is a 58-year-old male with date of injury on 12/12/2003 and is reported as cumulative trauma. The patient has had lumbar a fusion at L5-S1 and still has low back pain with diagnosis of lumbar facet syndrome, bilateral SI joint arthropathy, lumbar disc disease, and has failed multiple regimens of physical therapy and conservative care. It is not clear from the notes what oral medications the patient has been on. The most recent PR-2 (physician report) from 12/5/2013 states the rationale for the LSO (lumbar sacral orthosis) brace is to use during flare-ups of low back pain and help with activities of daily living. This is in addition to other techniques employed for the back pain. The current request is for LSO brace for lumbar -sacral spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO Brace:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back pain - Lumbar support.

**Decision rationale:** The Expert Reviewer's decision rationale: The ODG states back bracing has evidence in the treatment of chronic low back pain; a number of small studies cited support this. Although the evidence is limited, it is noted that there are few, if any, side effects from bracing when used for treatment for periods of time, for chronic low back pain. As such, the ODG states this patient would be an appropriate candidate for LSO bracing during acute flares of his low back pain and the prior UR decision is reversed and the LSO brace is medically necessary.