

<b>Case Number:</b>	CM14-0002051		
<b>Date Assigned:</b>	02/04/2014	<b>Date of Injury:</b>	09/14/2002
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and Nevada. 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 injured worker is a 52 year old male whose date of injury is 09/14/2002. The mechanism of injury is described as separating two inmates who were fighting and he twisted his low back. Treatment to date includes sacroiliac joint injections, chiropractic treatment, acupuncture and medication management. Request for authorization dated 10/23/13 indicates that he complains of on and off right sided low back pain rated as 1-2/10. On physical examination sacroiliac joint testing is positive on the right. Straight leg raising is positive on the right. Lumbar range of motion is flexion 60, extension 10 and bilateral lateral bending 20 degrees. Assessment notes lumbar disc disease, right sacroiliac joint arthropathy, and history of seizures. LSO BRACE has been requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO 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), Hip and Pelvis, Sacroiliac Joint Blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

**Decision rationale:** Based on the clinical information provided, the request for LSO brace is not recommended as medically necessary. ACOEM Guidelines note that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There is no current, detailed physical examination submitted for review and no clear rationale was provided to support the requested brace. The request is not medically necessary.