

<b>Case Number:</b>	CM14-0002925		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 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 patient has submitted a claim for lumbar disc displacement without myelopathy associated with an industrial injury date of September 6, 2012. Treatment to date has included oral analgesics, physical therapy, chiropractic therapy, and lumbar epidural steroid injection. Medical records from 2013 were reviewed and showed low back pain graded 6/10 radiating to the left foot; pain is worsened with prolonged sitting and standing. Physical examination of the lumbar spine showed tenderness over the paralumbar musculature; moderately decreased ROM due to pain; muscle spasms; and a positive Kemp's, Hibb's, Yeomans and straight leg raise at 70 degrees. The patient was diagnosed with lumbar spine sprain/strain with radicular complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A LSO BACK BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back Brace.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Lumbar Supports.

**Decision rationale:** As stated on page 301 of the ACOEM Low Back Guidelines referenced by CA MTUS and ODG Low Back Chapter, back braces have not been shown to have any lasting benefit beyond the acute phase of symptom relief and are recommended as an option for management of compression fractures, spondylolisthesis, and instability. ODG states that lumbar supports are not recommended for prevention. In this case, there is no evidence of lumbar fracture or instability. Furthermore, the patient has back pain since 2012, which is beyond the recommendation as stated above. The medical necessity has not been established. Therefore, the request for LSO brace was not medically necessary.