

<b>Case Number:</b>	CM14-0004258		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	10/30/2011
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/11/2014

### 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 Physical Medicine & Rehabilitation 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:

This case involves a 45 year-old female who was injured on 10/30/11. She has been diagnosed with lumbar disk herniation and left leg radiculopathy, L5/S1. The 11/18/13 orthopedic report states the patient has been approved for an L5/S1 microdiscectomy, but they were awaiting a new lumbar MRI to make a final recommendation. The 12/20/13 report states the MRI was reviewed and provides recommendations for a decompression lumbosacral orthosis and a permanent and stationary report. On 1/3/14, a UR denied the lumbar brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBOSACRAL ORTHOSIS BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 298-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301 308.

**Decision rationale:** The patient presents with chronic low back pain radiating down the left leg. The ACOEM Guidelines state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief." The use of a lumbosacral orthosis brace in the chronic phase of care does not appear to be in accordance with the ACOEM Guidelines. The request is not medically necessary and appropriate.

