

<b>Case Number:</b>	CM14-0015049		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	03/27/2001
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 is a 48-year-old male who has submitted a claim for protrusion 4mm L5-S1, and progressive neurologic deficit L4, L5, S1 associated with an industrial injury date of March 27, 2001. Medical records from 2012-2014 were reviewed. The patient complained of chronic low back pain, grade 7/10 in severity. There were associated lower extremity symptoms, more on the left. Physical examination showed tenderness of the lumbar spine. Lumbar range of motion was limited. Motor strength was 4/5 for the lower extremities. There was diminished sensation on the left greater than the right L4, L5, and S1 dermatomal distribution. Straight leg raise test was positive bilaterally, more on the left. EMG/NCV dated April 12, 2013 revealed electrophysiologic evidence of an abnormality involving the bilateral lateral plantar motor nerve. MRI of the lumbar spine dated April 21, 2011 demonstrated 4mm protrusion at L5-S1; however, official report of the imaging study was not available. Treatment to date has included medications, lumbar spine orthosis brace, and activity modification. Utilization review, dated February 3, 2014, denied the request for LSO brace because there was no evidence of any lasting benefit beyond the acute phase of symptom relief.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

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

**Decision rationale:** According to page 301 of the ACOEM Practice Guidelines referenced by CA MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG low back chapter states that back braces are indicated for management of compression fractures, spondylolisthesis, and instability. In this case, a lumbar spine orthosis was requested because the previous one that the patient was using no longer fastens. However, patient has persistent back pain which is beyond the acute phase. There was no objective evidence of lumbar fracture or instability from the medical records submitted. In addition, there was no documentation of whether the patient has suffered an acute exacerbation of the back pain. The medical necessity has not been established. Therefore, the request for LSO Brace is not medically necessary.