

<b>Case Number:</b>	CM14-0019257		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/23/2007
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 and Rehabilitation and is licensed to practice in 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 27 year-old male injured on 5/23/2007. The mechanism of injury is noted as a fall while carrying 200 lb. bundles of pipe on his left shoulder. The most recent progress note dated 1/22/2014, indicates that there are ongoing complaints of neck pain that radiates the left upper extremity as well as low back pain that radiates to the lower extremities. Physical examination demonstrated moderate tenderness to bilateral lumbar musculature; lumbar spine range of motion: flexion 10, extension 5, right/left lateral flexion 10; positive straight leg raise bilaterally. MRI of the lumbar spine dated 11/29/2012 demonstrated several disc bulges at L3/4, L4/5 and L5/S1; central canal narrowing: mild at L2/3 and L4/5, mild to moderate at L5/S1, and moderate at L3/4; neuroforaminal stenosis at L4/5 and L5/S1. Plain radiographs of the lumbar spine dated 11/19/2013 demonstrates degenerative disc disease from L3-L5 without subluxation with flexion or extension views. Previous medications include Norco 10/325 mg And Gabapentin 600. A request had been made for lumbar spine brace and was not certified in the utilization review on 1/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR SPINE BRACE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM), treatment guidelines do not support the use of a LSO or other lumbar support devices for the treatment or prevention of low back pain except in cases of specific treatment of spondylolisthesis, documented instability, or postoperative treatment. The claimant is currently not in an acute postoperative setting and there is no documentation of instability or spondylolisthesis with flexion or extension plain radiographs of the lumbar spine. As such, this request is not considered medically necessary.