

<b>Case Number:</b>	CM14-0116842		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	01/23/2014
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 records presented for review indicate that this 59-year-old female was reportedly injured on January 23, 2014. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 11, 2014, indicated that there were ongoing complaints of low back pain radiating to the left lower extremity. Current medications include ibuprofen. The physical examination demonstrated lumbar spine tenderness and pain with lumbar extension. There was a positive straight leg raise test on the left at 30 . Diagnostic imaging studies of the lumbar spine indicated degenerative disc disease of the four lower lumbar interspaces, degenerative thinning of the space at L2-L3, and a vacuum disk sign at L5-S1. There was potential for an L5 and S1 radiculopathy. Previous treatment has included physical therapy. A request had been made for a lumbar sacral Orthosis back brace and was not certified in the pre-authorization process on June 23, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO Back Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Low Back - Lumbar and Thoracic.

**Decision rationale:** According to the Official Disability Guidelines, a lumbar support is not indicated for prevention of low back pain and is only indicated for treatment for compression fractures, spondylolisthesis, and documented instability. There is no documentation that the injured employee has any of these conditions. Therefore, this request for an LSO back brace is not medically necessary.