

<b>Case Number:</b>	CM14-0129508		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 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 40-year-old male who has submitted a claim for lumbar spine sprain / strain with myospasm and lumbar radiculitis associated with an industrial injury date of 12/30/2013. Medical records from 2014 were reviewed. The patient complained of low back pain associated with numbness and tingling sensation of the left lower extremity. Aggravating factors included prolonged sitting, standing, and walking. Physical examination of the lumbar spine showed tenderness, muscle spasm, and limited motion. Straight leg raise test was positive bilaterally. Reflexes were equal and symmetric. Motor strength was rated 2+/5. Sensation was diminished at left posterior thigh. Treatment to date has included therapy and medications. The utilization review from 8/7/2014 denied the request for LSO back support because of no clear evidence of compression fractures, spondylolisthesis or documented instability to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO back support purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Low Back Procedure Summary (last updated 05/12/2014), Lumbar Supports

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

**Decision rationale:** As stated on CA MTUS ACOEM Low Back Chapter, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines recommend lumbar supports as an option for compression fractures and specific treatment for spondylolisthesis and documented instability. In this case, the patient complained of low back pain associated with numbness and tingling sensation of the left lower extremity since the injury date of 12/2013. Aggravating factors included prolonged sitting, standing, and walking. Physical examination of the lumbar spine showed tenderness, muscle spasm, and limited motion. Straight leg raise test was positive bilaterally. Reflexes were equal and symmetric. Motor strength was rated 2+/5. Sensation was diminished at left posterior thigh. However, the present request for a back brace as part of the conservative treatment regimen is outside the initial acute phase of injury and not supported by the guidelines. Moreover, patient has no compression fracture, lumbar instability, and spondylolisthesis to warrant its use. Therefore, the request for LSO back brace purchase is not medically necessary.