

<b>Case Number:</b>	CM14-0175068		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	11/10/2011
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Emergency 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:

Patient with reported date of injury on 11/10/2011. Mechanism of injury is described as a lifting injury. Patient has a diagnosis of lumbar sprain, Thoracic sprain, spondylosis of T7-T10, degenerative lumbar and thoracic disc disease, lumbar radiculopathy. Patient is post transforaminal lumbar inter body fusion at L5-S1 on 1/15/14. Medical reports reviewed. Last report available until 10/28/14. Many of the progress notes are hand written and limited by brevity and minimal documentation. Patient complains of mid and low back pain. Pain radiates to feet. Pain is 7/10 and worsens with activity. Objective exam reveals thoracic spine tenderness at T10 spinous process. Decreased range of motion (ROM). Lumbar spine exam reveals surgical scars. Antalgic gait. No tenderness on palpation. No tenderness to paravertebrals. Minimally decreased ROM. Pain worsened with flexion. Straight leg positive on R side. Lasegue's is positive on R side. Decreased sensation to L4 dermatome on L side. Progress note dated 9/26/14 documents request for LSO brace. It merely stats that patient is having "slightly worsening" symptoms. A new LSO brace was requested because the old brace was falling apart.No recent advance imaging reports was provided for review. No medication list was provided for review. Patient is on medications but there is no documentation of what medications the patient is on in any of the provided reports. Patient is undergoing physical therapy as per notes.Independent Medical Review is for DME LSO back brace. Prior UR on 10/8/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME LSO back brace:** Upheld

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

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

**Decision rationale:** As per ACOEM Guidelines, lumbar supports such as LSO brace has no lasting benefits beyond acute phase for symptom relief. Patient's pain is chronic. There is no rationale as to why a brace was being worn for chronic back pain or why a new LSO brace was needed. LSO (Lumbar sacral orthosis) brace is not medically necessary.