

<b>Case Number:</b>	CM14-0021455		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	07/10/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Orthopedic Surgery 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:

This is a 47 year-old male with a 7/10/13 date of injury to his back. The patient was seen on 12/16/13 with ongoing back pain and was noted to be wearing a back brace and have restricted range of motion. Straight leg raise test was positive. The diagnosis is status post lumbar fusion with radiculopathy. Left shoulder surgery was planned for 1/24/14. His last back flair was noted to be in July 2013. Treatment to date includes: spinal fusion in 2012, physical therapy, and medications. An adverse determination was received on 2/19/14 given there was no indication why the old back brace was not beneficial. Treatment to date: spinal fusion in 2012, PT, medications. An adverse determination was received on 2/19/14 given there was no indication why the old back brace was not beneficial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO (LUMBAR SACRAL ORTHOSIS) BACK BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**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) ODG (Low Back Chapter-Brace).

**Decision rationale:** CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, however, ODG states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. There is a lack of documentation to support why the patient continues to wear a back brace as his spinal fusion was in 2012. He was noted to be wearing a brace in a progress notes dated Dec 2013, and the rationale for a new one is not clear. Therefore, the request for a LSO (lumbar sacral orthosis) back brace is not medically necessary.