

<b>Case Number:</b>	CM14-0025098		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 and Texas. 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 38-year-old male who reported an injury on 07/09/2012. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar radiculopathy, status post remote lumbar decompression, herniated nucleus pulposus of the thoracic spine, reactive depression. Previous treatments include lumbosacral arthrosis brace, MRI, EMG/NCV, medication, physical therapy, and surgery. Within the clinical note dated 09/25/2013, reported the injured worker complained of low back pain. He rated his pain 6/10 in severity. The injured worker reported needing a new LSO after losing 80 pounds. The injured worker reported thoracic pain rated 7/10 in severity. On the physical examination of the lumbar spine, the provider noted the lumbar range of motion percent was normal with flexion at 60 degrees and extension at 50. The provider noted tenderness of the lumbar spine. The injured worker had a positive straight leg raise. The provider indicated the injured worker had spasms of the lumbar paraspinals musculature. Provider requested for a new LSO. The injured worker had lost 80 pounds. The request for authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for lumbar sacral orthotic (LSO) SAG-CORO rigid frame pre for lumbar (dos 9/25/2013): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 308.

**Decision rationale:** The injured worker complained of low back pain with right lower extremity symptoms. He rated his pain 6/10 in severity. There was complaints of thoracic pain, which was rated 7/10 in severity. The California MTUS/ACOEM Guidelines note lumbar support (corset) is not recommended for the treatment of low back disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The request submitted exceeds the guidelines recommendation of lasting benefit beyond the acute phase of symptom relief. MTUS Guidelines do not recommend the use of a lumbar support for the treatment of low back disorders. Therefore, the retrospective request for lumbosacral orthotic LSO SAG-COR rigid frame pre for lumbar (date of service 09/25/2013) is not medically necessary and appropriate.