

<b>Case Number:</b>	CM14-0029185		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/05/2010
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 66-year-old gentleman who was reportedly injured on August 5, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 24, 2014, indicated that there were ongoing complaints of neck and upper extremity pain. Current medications were stated to include Norco, Zanaflex, Voltaren, Neurontin, Colace, trazodone and lactulose. The injured employee's pain level was stated to be 6-8/10 without medications and 3-4/10 with medications. These medications were stated to allow the injured employee to remain active, functional and perform activities of daily living. No side effects or aberrant behavior was noted. The physical examination demonstrated tenderness of the cervical paraspinal muscles and trapezius. Diagnostic imaging studies objectified minimal degenerative changes of the cervical spine as well as lumbar spine spinal stenosis at L3-L4, L4-L5, and L5-S1. A request had been made for a Horizon lumbar spine lumbar sacral othosis (LSO) and was deemed not medically necessary in the pre-authorization process on February 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Horizon LSO lumbar brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar supports, updated July 3, 2014.

**Decision rationale:** The use of a lumbar support or brace is not recommended for the prevention of low back pain. It is only recommended as an option for treatment for individuals who have compression fractures and specific treatment of spondylolisthesis, and documented instability. The injured employee's lumbar spine magnetic resonance imaging from January 7, 2011 indicated the presence of disc bulges, a disc herniation and spinal stenosis. The attached medical record does not state that the injured employee has any compression fractures, spondylolisthesis or instability. For these reasons, this request for a Horizon LSO lumbar brace is not medically necessary.