

<b>Case Number:</b>	CM14-0042649		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	04/21/2010
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Surgeon 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 injured worker is a 52-year-old male who reported an injury on 04/21/2010. The mechanism of injury was not stated. Current diagnoses include status post L5-S1 anterior and posterior fusion on 04/18/2013, bilateral lower extremity radicular pain, status post exploration of fusion with removal of hard ware on 03/12/2014, and status post revision surgery at L4-5 and L5-S1. The injured worker was evaluated on 04/18/2014 with complaints of 5/10 pain. The injured worker also reported psychological symptoms including anxiety, stress, and insomnia. Physical examination at that time revealed negative straight leg raise, 5/5 motor strength in the bilateral lower extremities, and tenderness to palpation of the lumbar musculature. Treatment recommendations included initiation of physical therapy, continuation of activity modifications, and continuation of lumbosacral bracing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Apollo LSO (lumbar sacral orthosis):** 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): pp. 300.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. While it is noted that the injured worker is status post lumbar surgery on 03/12/2014, there is no documentation of significant spinal instability upon physical examination. It is also noted that the injured worker is currently utilizing a lumbosacral brace. The medical necessity for an additional brace has not been established. As such, the request for Apollo LSO (lumbar sacral orthosis) is not medically necessary.