

<b>Case Number:</b>	CM14-0077565		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 50-year-old female who reported an injury 10/12/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 04/15/2014 indicate a diagnosis of history of 6 mm herniated disc L4-5 and L5-S1, 3mm bulging disc L4-5 and L5-S1, and left shoulder impingement with minimal symptoms. The injured worker reported left shoulder and low back pain. On physical examination of the left shoulder, range of motion was 160 degrees of abduction, 160 degrees of flexion and 10 degrees of external and internal rotation. The examination of the low back revealed spasms. The injured worker's range of motion of the low back revealed 40 degrees of flexion and 10 degrees of extension. The injured worker's treatment plan included medications. The injured worker's prior treatments included diagnostic imaging and medication management. The provider submitted a request for lumbar spine LSO. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine Lumbar-Sacral Orthosis (LSO):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 300.

**Decision rationale:** The CA MTUS ACOEM guidelines on lumbar support (corset) are not recommended for the treatment of low back disorders. The guidelines also state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There is lack of clinical information provided indicating the long term functional gains for the lumbar back support for the injured worker's chronic low back pain. In addition, the guidelines state lumbar support does not have any lasting benefits beyond the acute phase of symptom relief. Furthermore, the guidelines do not recommend lumbar back brace for the treatment of low back disorders. Additionally, the provider did not indicate a rationale for the request. Therefore, the request is not medically necessary.