

<b>Case Number:</b>	CM14-0078959		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of June 28, 2013. A utilization review determination dated May 7, 2014 recommends noncertification of a lumbosacral orthosis. A progress note dated April 10, 2014 identifies subjective complaints of low back pain that radiates into the left lower extremity with shoulder pain that radiates into the left side of the neck. The patient also complains of occasional numbness and tingling into the left extremity (unclear if upper or lower). Objective examination findings reveal positive straight leg raise with decreased range of motion and decreased strength. Diagnoses include left shoulder sprain/strain, left AC joint arthrosis, and clinical bilateral lower extremity radiculopathy. The treatment plan recommends awaiting approval of specific pain management (illegible). A progress report dated February 13, 2014 includes a treatment plan recommending a lumbosacral orthosis brace. The note states that medication was renewed. A pain medicine reevaluation dated April 7, 2014 includes a objective examination findings of spasm in the paraspinal area of the lumbar spine with tenderness to palpation at the L4-S-1 levels. The range of motion is reduced in the lumbar spine. Motor examination reveals decreased strength of the extensor muscles and flexor muscles in the left lower extremity with positive straight leg raise. Diagnoses include chronic pain, lumbar facet arthropathy, lumbar radiculitis, and lumbar radiculopathy. The treatment plan recommends continuing medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO Back Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Low Back Lumbar Supports.

**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) Low Back Chapter, Lumbar Supports.

**Decision rationale:** Regarding the request for lumbosacral orthosis, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar supports are not recommended for prevention. They go on to state the lumbar support are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. ODG goes on to state that for nonspecific low back pain, compared to no lumbar support, elastic lumbar belt maybe more effective than no belt at improving pain at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, the evidence was very weak. Within the documentation available for review, it does not appear that this patient is in the acute or subacute phase of his treatment. Additionally, there is no documentation indicating that the patient has a diagnosis of compression fracture, spondylolisthesis, or instability. As such, the currently requested lumbosacral orthosis is not medically necessary.