

<b>Case Number:</b>	CM14-0079761		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 49 or 50-year-old female who reported injuries due to continuous and repetitive trauma on 11/17/2011. On 03/17/2014, her diagnoses included herniated nucleus pulposus of the cervical spine, status post left carpal tunnel release, right carpal tunnel syndrome and herniated nucleus pulposus of the lumbar spine. Her lumbar ranges of motion measured in degrees were flexion 50/60, extension 10/25, and lateral bending bilaterally 20/25. She had negative bilateral straight leg raising tests, Lasegue's and faber maneuver. She was able to change position from lying down to sitting without difficulty. An MRI of the lumbar spine on 04/12/2013, revealed L5-S1 disc desiccation and diminished disc height, severe discogenic disease and diffuse posterior disc bulge. Her complaints included sharp pain in the neck and upper back, in her hands and in both legs. Her treatment plan included an orthopedic lumbar spine consultation, Lidoderm patches, naproxen 550 mg, zolpidem 10 mg and gabapentin 300 mg, a low back brace that was authorized by a judge at a court hearing and physical therapy or chiropractic treatment. There was no Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of one lumbosacral orthosis (LSO) brace for lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

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

**Decision rationale:** The request for the purchase of 1 lumbosacral orthosis (LSO) brace for lumbar is not medically necessary. The California MTUS/ACOEM Guidelines do not recommend lumbar supports for acute lumbar spine disorders. Lumbar support 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. Additionally, the request did not specify whether the requested lumbosacral brace was custom made or prefabricated, nor the size of the brace. Additionally, it did not specify frequency of use. Therefore, this request for 1 lumbosacral orthosis (LSO) brace for lumbar is not medically necessary.