

<b>Case Number:</b>	CM14-0088389		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/14/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Medicine 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 50-year-old female who sustained an industrial injury on December 14, 2012. The patient's industrial diagnoses include pain in her shoulders, arms, elbows, wrists, hands, and fingers. There is also associated depression, anxiety, and insomnia. The disputed issue is a request for a lumbosacral orthosis. A utilization review determination had noncertified this request, citing ACOEM chapter 12 guidelines. Specifically, the guidelines do not recommend lumbar supports for the treatment of low back disorders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO Sag-Coro Rigid Frame Pre:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** ACOEM Chapter 12 on page 301 states: "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." In the case of this injured worker, the injury is approximately 2 years out and the patient can no longer be

considered to have acute pain. Furthermore, lumbar corsets are not recommended and the evidence is poor for the use of lumbar orthoses in the treatment of chronic low back pain. Given the guidelines, this request is not medically necessary.