

<b>Case Number:</b>	CM14-0091134		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/20/2014
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 and is licensed to practice in Nevada. 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 58 year-old male who was reportedly injured on March 20, 2014. The most recent progress note dated April 10, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a decreased range of motion, tenderness to palpation and no specific neurologic losses. Diagnostic imaging studies were not presented for review. Previous treatment includes conservative care, medications and pain management interventions. A request was made for a lumbar brace and was considered not medically necessary in the pre-authorization process on May 29 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar LSO brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back brace

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The treatment guidelines do not support the use of LSO's and other lumbar support devices for the treatment or prevention of low back pain except in cases of specific treatment of spondylolisthesis, documented instability, or postoperative treatment. The claimant

is currently not in an acute postoperative setting and there is no documentation of instability or spondylolisthesis. The lack of support for these devices in a sub-acute and chronic pain setting is based on the decreased activity level and weakness created by the device itself affecting all levels of the lumbar and sacral spine, with further resultant weakness and decreased mobility. Based on the guideline recommendations and the information provided for the above noted request is considered not medically necessary.