

<b>Case Number:</b>	CM14-0094811		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/23/2014
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 records presented for review indicate that this 23 year-old individual was reportedly injured on February 23, 2014. The mechanism of injury is noted as stack of chairs landing on his back. The most recent progress note, dated May 28, 2014 indicates that there are ongoing complaints of neck pain, headaches, eye pain, memory and concentration problems, and back pain involving the entire thoracic and lumbar spine. The physical examination demonstrated tenderness of the cervical spine, and decreased sensation to the lateral aspect of the right thumb. A positive Finkelstein's is reported at the right wrist. Mildly increased thoracic kyphosis and pain in the lumbar spine with heel walking is noted. A positive straight leg raise, and positive lasegue's sign is reported. Details of diagnostic imaging studies are not disclosed in the progress notes, noting "Prior diagnostic studies were reviewed". However, it is noted that an MRI of the lumbar spine was requested on April 17, 2014. Previous treatment has included physical therapy and pharmacotherapy. A request had been made for a lumbar spine support and was not certified in the pre-authorization process on June 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of lumbar spine support, QTY: 1:** Upheld

**Claims Administrator 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, Back Braces/Lumbar Supports.

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

**Decision rationale:** 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 subacute 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 and recommended for non-certification.