

<b>Case Number:</b>	CM14-0099222		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 53 year old male with a work injury dated 9/20/13. The diagnoses include lumbago, lumbar disc disorder, and lumbar sprain. Under consideration is a request for LSO back brace for lumbar spine. There is a primary treating physician report dated 1/13/14 that states that the patient complains of low back pain, spasms, stiffness and radiating numbness and pain symptoms. On exam of the lower back there is spasm at the lumbar region. Tenderness of the lumbar paraspinal muscles and the spinous processes is noted and tenderness to the sacroiliac joint. The straight leg rising test is positive 70/70 to the right and left. Range of motion of the lumbar spine is decreased and painful. There is decreased lumbar spine strength. There is a request for a lumbar brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO Back Brace for Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

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

**Decision rationale:** LSO Back Brace for lumbar spine is not medically necessary per the MTUS ACOEM guidelines. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The documentation does not indicate evidence of instability or extenuating circumstance that would require a lumbar support. The request for LSO Back Brace for lumbar spine is not medically necessary.