

<b>Case Number:</b>	CM14-0099427		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/08/2011
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	06/13/2014
<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 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:

This 48 year-old Maintenance Technician sustained an injury on 8/8/11 from lifting a bucket of chemicals while employed by [REDACTED]. Request(s) under consideration include Lumbar-sacral orthosis (LSO) w/ ridges. Diagnoses include lumbar sprain and thoracic sprain. Conservative care has included medications, therapy, lumbar epidural steroid injections without benefit, and modified activities/rest. Report of 3/17/14 from the provider noted the patient with ongoing chronic back symptoms. Exam showed normal gait; tenderness at bilateral T6-T12; lumbar spine showed tenderness at paraspinal and bilateral quadratus lumborum; decreased range of flex/ext/lateral flex of 40/20/20 degrees; positive SLR bilaterally at 30 degrees; shoulders/arms showed tenderness at upper trapezius and rotator cuff; painful range of motion. Diagnoses include thoracic and lumbar sprain/strain; bilateral shoulder pain; sexual dysfunction; anxiety/stress. Treatment included PT, medications, FCE, diagnostics. The patient was placed on TTD. Report of 5/21/14 from the provider showed unchanged back complaints. Exam showed unchanged tenderness. Treatment included lumbar-sacral orthosis (LSO) with ridges. The request(s) for Lumbar-sacral orthosis (LSO) w/ ridges was non-certified on 6/13/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar-sacral orthosis (LSO) w/ ridges:** Upheld

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

**MAXIMUS 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, Back brace, page 372

**Decision rationale:** There are no presented diagnoses of instability, compression fracture, or spondylolisthesis with spinal precautions to warrant a back brace for chronic low back pain. Reports have not adequately demonstrated the medical indication for the LSO. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS notes lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well beyond the acute phase of injury of 2011. In addition, ODG states that lumbar supports are not recommended for prevention; is under study for treatment of nonspecific LBP; and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Submitted reports have not adequately demonstrated indication or support for the request beyond the guidelines recommendations and criteria. The Lumbar-sacral orthosis (LSO) w/ ridges is not medically necessary and appropriate.