

<b>Case Number:</b>	CM14-0209748		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Family Practice and is licensed to practice in New Jersey. 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 60 year-old male who was injured on 5/21/13 when he picked up a heavy item resulting in neck and low back pain. On exam, he had decreased range of motion of cervical spine with tenderness over cervical paraspinal muscles, positive Spurling's and compression test. He had decreased sensation on the left at C8 and decreased strength on the left at C5-8. He decreased range of motion of lumbar spine and tender paraspinal muscles. He had positive straight leg on the left. He had decreased sensation on the left at L4 and decreased strength on the left at L4, L5, and S1. He had decreased range of motion of bilateral shoulder. A 7/2013 lumbar MRI showed multilevel disc disease with disc bulges at L3-4, L4-5, and L5-S1 with mild to moderate bilateral lateral recess on neuroforaminal narrowing. He was diagnosed with acute cervical strain, lumbar mutli level disc disease, and lumbar radiculopathy. His treatment included Norco. He had limited benefit with physical therapy and acupuncture. He had a transforaminal epidural steroid injection on left L4-5 in 6/2014 without improvement. The current request is for lumbar orthosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Orthosis (Lumbar spine):** 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), Lumbar Support

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

**Decision rationale:** As per the MTUS guidelines, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The patient has had lower back pain since 5/2013. The patient is currently out of the acute phase. It is not recommended for chronic use. The patient does not have documented musculoskeletal and neurological deficits that would benefit from a lumbar brace. He does not have signs of instability. Therefore, the request is considered not medically necessary.