

<b>Case Number:</b>	CM15-0106099		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	11/13/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 32 year old male with an industrial injury dated 11/13/2013. The injured worker's diagnoses include lumbar spine sprain/strain. Treatment consisted of Magnetic Resonance Imaging (MRI) of the lumbar spine without contrast, Electromyography (EMG)/Nerve conduction velocity (NCV) studies, prescribed medications, and periodic follow up visits. In a progress note dated 02/06/2015, the injured worker reported lumbar spine pain and eye irritation. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed services for retrospective request for purchase of lo sagitt rigid panel prefab brace for the lumbar spine, date of service 4/23/2015 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for purchase of lo sagitt rigid panel prefab brace for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 138-139.

**Decision rationale:** The claimant sustained a work-related injury in November 2013 including the gradual onset of low back pain while working as a laborer. He continues to be treated for chronic low back pain. An MRI of the lumbar spine in September 2014 had shown a small L5/S1 central disc protrusion with no other abnormal findings. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone surgery. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support was therefore not medically necessary.