

<b>Case Number:</b>	CM15-0010454		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	05/06/2011
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 51-year-old male, who sustained an industrial injury on May 6, 2011. He has reported feeling a pop in his low back with immediate pain. The diagnoses have included chronic lumbago. Treatment included pain medication, injection therapy, and physical therapy. The physical therapy did not improve his symptoms. On December 15, 2014, the treating physician noted constant lower back pain, which was worse with walking and standing. He had intermittent posterior thigh pain. The physical exam revealed an antalgic gait with left lower extremity favoring, tenderness to palpation over the midline lower lumbar spine and bilateral lumbar paravertebral musculature, decreased sensation over the lumbar 3 and lumbar 4 dermatome distributions, and hyperpathia over the bilateral sacroiliac joints. The lumbar range of motion was decreased, bilateral lower extremity reflexes were decreased, bilateral lower extremity motor power was mildly decreased, and bilateral straight leg raises were negative. The treatment plan included a request for a lumbar-sacral orthosis (LSO), an MRI of the lumbar spine, and a non-steroidal anti-inflammatory/proton pump inhibitor medication. On January 8, 2015, Utilization Review non-certified a request for a lumbar-sacral orthosis (LSO) for the lumbar spine, noting the guidelines do not recommend bracing in the acute or chronic setting for prevention. There was a lack of evidence of acute instability or working diagnosis that would support the role of bracing. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guidelines were cited.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**LSO for The Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** The injured worker sustained a work related injury on May 6, 2011. The medical records provided indicate the diagnosis of chronic lumbago. Treatments have included pain medication, injection therapy, and physical therapy. The medical records provided for review do not indicate a medical necessity for LSO for The Lumbar Spine. The MTUS does not recommend the use of back brace for treatment of back pain.