

<b>Case Number:</b>	CM15-0132871		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	08/08/2000
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: California

Certification(s)/Specialty: Emergency 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:

This is a 60 year old female with an August 8, 2000 date of injury. A progress note dated June 9, 2015 documents subjective complaints (neck pain; upper back pain; lower back pain; bilateral hand/wrist pain), objective findings (diminished sensation of the right mid anterior thigh, mid lateral calf, and lateral ankle), and current diagnoses (cervical spine strain; thoracic spine strain; lumbar spine disc rupture; right carpal tunnel syndrome; status post left carpal tunnel surgery). Treatments to date have included medications and imaging studies. The treating physician documented a plan of care that included a lumbosacral orthosis brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO brace purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308.

**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 - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

**Decision rationale:** The requested LSO brace purchase, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, note "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The treating physician has documented subjective complaints (neck pain; upper back pain; lower back pain; bilateral hand/wrist pain), objective findings (diminished sensation of the right mid anterior thigh, mid lateral calf, and lateral ankle). The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, LSO brace purchase is not medically necessary.