

<b>Case Number:</b>	CM15-0144942		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 50 year old male who sustained an industrial injury on 8-7-13. He had complaints of low back pain. Diagnostic studies include: x-ray, MRI and EMG. Treatments include: medications, physical therapy, epidural steroid injections and surgery. Progress report dated 5-6-15 reports continued complaints of low back pain that radiates down both legs, right greater than the left. He is limited with standing and walking. He can walk less than one block. His leg pain improves when sitting. The epidural steroid injection gave him no lasting relief. Diagnoses include: multi-level degenerative changes and severe disc degeneration with moderate bilateral neuroforaminal stenosis, right greater than the left. Plan of care includes: recommend L4-5, L5-S1 laminectomy and fusion with autograft and allograft bone and neuromonitoring and recommend lumbosacral orthosis for postoperative bone and soft tissue support to promote healing and pain control. Work status: not working. Follow up in 6 weeks or sooner if needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of LSO brace post lumbar fusion:** Upheld

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

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

**Decision rationale:** The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.