

<b>Case Number:</b>	CM15-0148805		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	10/04/2009
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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, 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 65 year old male with an industrial injury dated 10-04-2009. His diagnoses included spinal stenosis and spinal instability. The injury is documented as occurring when he was "turning faux wood blind to cut opposite side" and felt immediate back pain. Prior treatment included acupuncture, chiropractic treatments, surgery and transforaminal epidural injection. He presents on 06/05/2015 with discomfort and pain in the low back region and leg. Physical exam noted decreased range of motion of the lumbar spine. He complained of increasing pain toward terminal range of motion. The injured worker was to have a surgical intervention in July. The treatment request is for purchase of LSO brace; lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of LSO brace; lumbar spine:** Overturned

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

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

**Decision rationale:** CA MTUS Guidelines state that lumbar supports are only recommended for fractures, spondylolisthesis or documented instability of the spine. There is no support for long-term effectiveness and lumbar supports are not recommended outside the acute phase of symptoms. In this case, the patient has documented instability of the spine and spondylolisthesis. An MRI performed on 2/23/15 shows 3 mm retrolisthesis of L2 on L3, 2 mm retrolisthesis of L4 on L5 and 3 mm anterolisthesis of L5 on S1. The patient has also had previous lumbar surgery, which has increased instability. Thus, the spondylolisthesis meets criteria for a lumbar brace to be used in the post-operative phase of recovery. The request for a lumbar support is medically necessary and appropriate.