

<b>Case Number:</b>	CM15-0199032		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	04/26/2006
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Texas, New York, California  
 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 applicant is a represented 45-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 26, 2006. In a Utilization Review report dated September 14, 2015, the claims administrator failed to approve a request for a back brace apparently prescribed and/or dispensed on or around May 20, 2015. Non-MTUS ODG Guidelines were invoked in the determination, despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. On September 18, 2015, the applicant reported ongoing complaints of low back and knee pain. The applicant had undergone right knee surgery, performed physical therapy, viscosupplementation therapy, a new lumbar support, Norco and topical compounded medications were endorsed. The applicant's permanent work restrictions were renewed. The treating provider acknowledged the applicant was not working and had developed issues with depression; it was reported toward the bottom of the note, through preprinted checkboxes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for LSO (Lumbosacral Orthotic Back) support brace, date of service: 05/20/2015: 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), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar supports.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** No, the request for a lumbar support/lumbosacral orthosis/back brace was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, May 20, 2015, following an industrial injury of April 26, 2006. Introduction, selection, and/or ongoing usage of a lumbar support was not indicated as of this late stage in the course of the claim, per the MTUS Guideline in the ACOEM Chapter 12, page 301. Therefore, the request was not medically necessary.