

<b>Case Number:</b>	CM15-0033480		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	10/28/2010
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54-year-old male who reported an injury on 02/28/2010 due to cumulative trauma. His diagnoses include lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. His past treatments include pain management, medications, injections, activity modification, and physical therapy. On 01/06/2015, the injured worker complained of low back pain rated 8/10 that radiated to the bilateral legs on the inside with tingling if the weather is cold. The physical examination of the lumbar spine revealed diffuse tenderness to palpation over the paravertebral musculature with moderate facet tenderness to palpation over the L3-S1. The injured worker had negative piriformis test, negative sciatic nerve root tension test except for a positive Kemp's test bilaterally, and a positive straight leg raise on the right. The lumbar spine range of motion was indicated to be 20 degrees with lateral bending bilaterally, 6 degrees with flexion and 10 degrees with extension. The treatment plan included a diagnostic transforaminal epidural steroid injection and a lumbar support brace for home use. A Request for Authorization form was submitted on 01/06/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker was indicated to have chronic low back pain. However, the guidelines do not recommend the use of lumbar supports as they have not been shown to have any lasting beyond the acute phase of symptom relief. There was also lack of documentation to indicate the injured worker had spondylolisthesis, documented instability, or had postoperative treatment. Based on the above, the request is not supported by the evidence based guidelines. As such, the request for an LSO brace is not medically necessary or appropriate.