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| <b>Case Number:</b>   | CM15-0037672 |                              |            |
| <b>Date Assigned:</b> | 03/06/2015   | <b>Date of Injury:</b>       | 07/14/2014 |
| <b>Decision Date:</b> | 04/14/2015   | <b>UR Denial Date:</b>       | 02/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/27/2015 |

### 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, Georgia  
 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 36 year old female, who sustained an industrial injury on 7/14/14. The injured worker has complaints of muscle spasm in the lumbosacral area with foot numbness. The diagnoses have included lumbar sprain/strain and spondylosis. The documentation noted that the injured worker has received chiropractic care. The utilization review was performed on 2/23/15 for the requested LSO (spinal) brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO (spinal) brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar supports.

**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 support.

**Decision rationale:** CA MTUS addresses the use of lumbar support in the chapter on low back complaints. Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG addresses use of lumbar support in the section on Low Back and states that lumbar support may be indicated in cases of compression fracture, spondylolithesis and documented instability. In this case, the injury is no longer in the acute phase of management, and there is no documentation of any compression fracture, spondylolithesis or instability. Lumbar support is not medically indicated.