

<b>Case Number:</b>	CM15-0238938		
<b>Date Assigned:</b>	12/15/2015	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	01/21/2016	<b>UR Denial Date:</b>	11/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/07/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 28, 2013. In a Utilization Review report dated November 21, 2015, the claims administrator failed to approve a request for a lumbar support. The claims administrator referenced a progress note dated November 12, 2015 in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated November 12, 2015, difficult to follow, not entirely legible, the applicant reported ongoing issues with chronic low back pain. The applicant was working, the treating provider suggested in one section of the note. Unspecified medications were refilled. An electrical stimulator device was sought. The lumbar support in question was also endorsed. Naproxen was prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO brace for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute (20th annual edition), Low Back Chapter, Lumbar supports.

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

**Decision rationale:** No, the request for an LSO brace (AKA lumbar support) 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 beyond the acute phase of symptom relief as of the date of the request, November 5, 2015, following an industrial injury of February 25, 2013. Introduction, selection, and/or ongoing usage of a lumbar support was not indicated as of this late date in the course of the claim, per the MTUS Guideline in ACOEM Chapter 12, page 301. Therefore, the request was not medically necessary.