

<b>Case Number:</b>	CM15-0242534		
<b>Date Assigned:</b>	12/21/2015	<b>Date of Injury:</b>	04/29/2015
<b>Decision Date:</b>	01/29/2016	<b>UR Denial Date:</b>	11/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/14/2015

### 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, Hawaii  
 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 52 year old female, who sustained an industrial injury on 04-29-2015. The injured worker is currently working with modifications. Medical records indicated that the injured worker is undergoing treatment for sacrococcygeal disorders. Treatment and diagnostics to date has included physical therapy and medications. Recent medications have included Ibuprofen and Tramadol. Subjective data (10-30-2015 and 11-13-2015), included pain rated as 4-5 out of 10 on the pain scale with medications and 8 out of 10 without medications. Objective findings (11-13-2015) included restricted lumbar spine range of motion, tenderness to palpation over the lumbar paraspinal muscles, and positive Faber and Gaenslen's tests. The request for authorization dated 11-05-2015 requested lumbar brace and sacroiliac joint injection. The Utilization Review with a decision date of 11-17-2015 denied the request for retrospective purchase of LSO (lumbosacral orthosis) sag-coronal panel prefab-C (DOS: 10-30-2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for the purchase of LSO sag-coronal panel prefab-C (DOS 10/30/2015):** Overturned

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

Integrated Treatment/Durability Duration Guidelines, Low Back (Acute and Chronic) Lumbar Supports.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back chapter, Lumbar supports.

**Decision rationale:** Medical records indicate the patient has complaints of ongoing low back pain, which travels into the right lower extremity. The current request for consideration is Retrospective request for the purchase of LSO sag-coronal panel prefab-c (DOS 10/30/15). The attending physician states the patient reports trialing back brace in the past and noting improvement in stability and increased functioning during work/activities. The ODG has this to say regarding back bracing: Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). In this case the records indicate the patient had success with bracing in the past, noting improved stability and increased functioning during work and/activities. The ODG does recommend lumbar supports for treatment of nonspecific low back pain as a conservative option. The medical request is supported by the ODG guidelines and the request is medically necessary.