

<b>Case Number:</b>	CM14-0148159		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	12/24/2003
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 144 pages provided for this review. This is for reconsideration of an LSO. The review request was signed on August 13, 2014. Per the records provided, the claimant was a 61-year-old man who sustained an industrial injury on December 24, 2013. He is status post an L5-S1 right-sided lumbar discectomy on March 15, 2005 and an L5-S1 discectomy on October 4, 2010. The orthopedic AME noted on July 29, 2011 that the patient was neurologically intact. He is status post a right-sided L5-S1 discectomy in 2005, a right-sided L5-S1 laminectomy in October 2010, and chronic low back pain with chronic right lower extremity radicular symptoms. Future medical care was to allow prescription medicine and further diagnostic symptoms if they worsened. An MRI showed degenerative narrowing and disc bulging. There was low back pain with right lower extremity symptoms and the reactive depression. The pain was six out of 10. On exam he was neurologically unchanged. Straight leg raise was positive on the right. His affect was flat.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, post surgical LSO.

**Decision rationale:** The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Therefore, this request is not medically necessary. Regarding post-surgical back brace, the ODG notes: Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. There is conflicting evidence, so case by case recommendations are necessary (few studies though lack of harm and standard of care). Therefore, LSO brace is not medically necessary and appropriate.