

<b>Case Number:</b>	CM14-0162136		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	03/21/1993
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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:

The patient is a 40-year-old with a reported date of injury of 03/21/1993. The patient has the diagnoses of post laminectomy syndrome in both the cervical and lumbar region, chronic pain syndrome, back pain with radiation and brachial neuritis/radiculitis. Per the most recent progress notes provided for review by the treating physician dated 09/18/2014, the patient had complaints of continued pain that is unchanged. The physical exam noted no abnormalities. The treatment plan consisted of continuation of medications. Per the progress report from the secondary treating physician dated 09/18/2014, the patient had complaints of neck pain, upper back pain, radiating pain to the upper extremities, low back pain with radiation to the lower extremities and numbness and tingling in both feet. The physical exam noted decreased cervical range of motion, positive bilateral straight leg raises, tenderness with spasm in the cervical paraspinal muscles and lumbar paraspinal muscles. Treatment plan recommendations included request for acupuncture and medication modification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF LSO BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 301.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) chapter on low back complaints and treatment recommendations states: - Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints and is status post-lumbar laminectomy. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary and appropriate.