

<b>Case Number:</b>	CM14-0184289		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 34-year-old male with date of injury of 09/25/2012. The treating physician's listed diagnoses from 07/21/2014 are: 1.Lumbar radiculopathy. 2.Lumbar discogenic pain. According to this hand written report, the patient complains of lumbar spine at a rate of 9/10. He describes his pain as constant. The objective findings show decreased range of motion in the lumbar spine. The 06/12/2014 handwritten progress report shows that the patient continues to complain of low back pain. The examination shows tenderness and spasm in the lumbar spine. No other findings were noted on this report. The documents include an MRI of the lumbar spine from 02/22/2014 and progress reports from 10/07/2013 to 07/21/2014. The utilization review denied the request on 10/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO sag-coronal panel prefab:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 Chapter on Lumbar Supports.

**Decision rationale:** This patient presents with lumbar spine pain. The provider is requesting an LSO sag-coronal panel prefab. The ACOEM Guidelines page 301 on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." In addition, ODG Guidelines states that it is not recommended for prevention. There are strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. It is, however, an option for compression fractures and specific treatments of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (very low quality evidence). The MRI of the lumbar spine from 02/22/2014 showed no significant disk protrusion, canal stenosis, or neuroforaminal narrowing at the L1-S1 levels. Straightening of the lumbar lordotic curvature was noted. The report making the request is missing. The patient does not present with any of the indications for lumbar orthosis such as instability, fracture, post-operative, spondylolisthesis and others. The patient does present with non-specific low back pain but ODG states that there is very-low quality support for this. Therefore, LSO sag-coronal panel prefab is not medically necessary and appropriate.