

<b>Case Number:</b>	CM14-0164876		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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. 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

Certification(s)/Specialty: Orthopedic Surgery

### 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 (IW) is a 43 year old male who sustained an industrial injury on 01/21/2013. He reported back and shoulder pain. The diagnosis is not supplied. Treatment to date has included a L5-S1 lumbar fusion on 08/26/2014, muscle relaxants, and medications for pain. Currently, the injured worker complains of right shoulder and low back pain and has decreased and painful range of motion of the lumbar spine. At the time of the request, he is at 4 weeks post op for back surgery and the treatment plan is to start physical therapy at 6 weeks post op. Pain medications are continued for as needed use. A request for authorization is submitted for a LSO (spinal support from T9 - S1) Back Support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO Back Support:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (chapter on the low back), Back brace, postoperative.

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

**Decision rationale:** CA MTUS/ACOEM guidelines, Chapter 12, page 301 states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." In this case, the patient underwent a lumbar fusion on 8/28/14 and the notes do not demonstrate acute lumbar injury to warrant a lumbar support. Therefore, the request does not meet recommended guidelines and is not medically necessary.