

<b>Case Number:</b>	CM15-0119386		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	11/27/2007
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 62 year old female, who sustained an industrial injury on 11/27/2007. Diagnoses have included cervical spine sprain/strain with right upper extremity radiculopathy and thoracic/lumbar sprain/strain with left lower extremity radiculopathy. Treatment to date has included physical therapy, acupuncture, chiropractic treatment and medication. According to the progress report dated 5/19/2015, the injured worker complained of low back pain with left lower extremity radiculopathy. Exam of the lumbar spine revealed tender paraspinals with spasm. There was positive straight leg raise on the left. There was positive Kemp's test. Authorization was requested for a lumbosacral orthosis (LSO).

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

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

**Decision rationale:** According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar brace is recommended for prevention and not for treatment. The need for lumbar brace is unclear. Therefore, the request for LSO Brace is not medically necessary.