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| <b>Case Number:</b>   | CM15-0121198 |                              |            |
| <b>Date Assigned:</b> | 07/01/2015   | <b>Date of Injury:</b>       | 07/23/2007 |
| <b>Decision Date:</b> | 07/31/2015   | <b>UR Denial Date:</b>       | 05/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/23/2015 |

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 62 year old male who sustained an industrial injury on 07/23/2007. He reported missing a step while going down stairs. He fell back ward, striking the back of the head against the stairs and injuring both extremities and his back. He blocked his fall by using his hands on the steps. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included physical therapy, medication, left shoulder surgery twice (03/29/2011) and 10/23/2012), two cortisone injections to this left shoulder (2013) and left carpal tunnel release surgery (09/04/2014). Currently, the injured worker complains of pain in the back, wrists psych and sleep disturbance. His condition is unchanged from prior visits. His active diagnoses now (05/12/2015) include lumbosacral neuritis/radiculitis, rule out lumbar spine disc displacement, and cubital tunnel syndrome-left ulnar nerve entrapment. Objectively, he has weakness bilaterally in the arms with decreased grip strength, complaints of active pain, and has tenderness to the lower spine with a slow guarded gait. The exam on 02/24/2015 describes limited flexion of the lumbar spine. The Agreed Medical Exam Re-evaluation on 05/05/2015 also noted his low back pain was accompanied by radiation to the right leg, decreased lumbar motion, and tender lumbar paraspinal muscles. A lumbar MRI of 02/13/2009 revealed 2-3 mm disk bulges at L2-3 to L5-S1 without effect on the lumbar nerves. A request for authorization is made for a Custom LSO Brace (Lumbar Spine).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom LSO Brace (Lumbar Spine): Upheld**

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

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

**Decision rationale:** Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short-term use of a lumbar support for symptom relief. The MTUS Guidelines do not indicate that the use of a lumbar spine brace would improve function. The request for custom LSO brace (lumbar spine) is not medically necessary.