

<b>Case Number:</b>	CM15-0091422		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 39 year old male, who sustained an industrial injury on 9/29/11. The injured worker has complaints of neck pain with right upper extremity symptoms and lower back pain with bilateral lower extremity symptoms. The documentation noted that there was decreased sensation C6, C7 and C8 dermatomes on the right and decreased sensation L4, L5 and S1 (sacroiliac) dermatomes on the right. The diagnoses have included cervical and lumbar sprain/strain and cervical and lumbar radiculopathy. Treatment to date has included electrodiagnostic study on 1/19/15 showed a normal study; naproxen; ibuprofen; prilosec; topical cream; physical therapy and chiropractic treatments and an magnetic resonance imaging (MRI) of the lumbar spine on 2/20/12. The request was for retrospective LSO (lumbar-sacral orthosis) brace, date of service 4/3/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective LSO (Lumbar-Sacral orthosis) brace, date of service 4/3/15: Upheld**

**Claims Administrator 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, Lumbar & Thoracic - Lumbar supports.

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

**Decision rationale:** The 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. 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.