

<b>Case Number:</b>	CM13-0021947		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	11/28/2011
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery has a subspecialty in Spinal Surgery 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 physician 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

46 year old male with industrial injury 11/28/11. Patient with report of low back pain with radiation down leg on examination notes from 12/15/12. Diagnosis of thoracic and lumbar intervertebral disc without myelopathy, lumbago, sciatica, spinal stenosis of lumbar region. CTscan lumbar spine from 11/15/12 demonstrates post surgical left hemi laminectomy and pedicular screw fixation at L5/S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar-Sacral Orthosis, Sagittal Control, with Rigid Anterior and Posterior Panels, Posterior extends from Sacrococcygeal junction to T-9 vertebra, produces Intracavitary Pressure to reduce load on TH:** 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), 2013, Online, Lumbar supports and knee bracing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** ACOEM and Chronic Pain Medical Treatment does not discuss the requested lumbar support. Per Official Disability Guidelines, "Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing

neck and back pain. (Jellema-Cochrane, 2001) (van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective, and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (van Duijvenbode, 2008). " In this case there is lack of medical necessity for lumbosacral orthosis from T9 to sacrococcygeal junction in the records. Therefore the determination is non-certification.