

<b>Case Number:</b>	CM13-0046960		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Physical Medicine and Rehabilitation 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 49-year-old male who reported an injury on 09/10/2009 after he was hit with a clamp fork which reportedly caused injury to his cervical spine, thoracic spine, and lumbar spine. The patient's treatment history included physical therapy, medications, and acupuncture. The patient's most recent clinical examination findings included severe pain complaints with prolonged activity. Physical findings included tenderness to palpation along the paraspinal musculature of the cervical spine, thoracic spine, and lumbar spine with restricted range of motion secondary to pain. The patient's diagnoses included cervical disc herniation with myelopathy, lumbar spondylosis with myelopathy, thoracic spondylosis without myelopathy, sacroiliitis, tension headaches, and sleep disorder. The patient's treatment plan included active therapy, electrical muscle stimulation, a back brace, and an MRI of the cervical spine

### IMR ISSUES, DECISIONS AND RATIONALES

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

**lumbar support orthosis:** 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): 308.

**Decision rationale:** The requested lumbar support orthosis is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of lumbar supports in the management of chronic low back pain. The clinical documentation submitted for review does not support the patient has had an acute exacerbation of a chronic back problem. Therefore, the need for lumbar support orthosis is not clearly indicated. As such, the requested lumbar support orthosis is not medically necessary or appropriate.