

<b>Case Number:</b>	CM13-0062664		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/26/2010
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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, 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:

According to the records made available for review, this is a 60-year-old male with a 2/26/10 date of injury. At the time of request for authorization for Lumbar roll and LSO brace, there is documentation of subjective (pain in the low back affecting the legs) and objective (tenderness in the paralumbar muscles with myospasm noted and positive straight leg raise at 45 degrees) findings, current diagnoses (lumbar strain with radiculopathy), and treatment to date (physical therapy, stretching exercise program, epidural steroid injection, acupuncture, TENS, and medications). There is no documentation of compression fractures, spondylolisthesis, and/or documented instability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar roll:** 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: ODG Back - Lumbar supports.

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

**Decision rationale:** MTUS does not specifically address this issue. ODG identifies documentation that the requested durable medical equipment (DME) can withstand repeated use (i.e. could normally be rented, and used by successive patients); is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home, as criteria necessary to support the medical necessity of durable medical equipment. Within the medical information available for review, there is documentation of lumbar strain with radiculopathy. However, there is no documentation that the requested durable medical equipment (DME) can withstand repeated use (could normally be rented, and used by successive patients); is primarily and customarily used to serve a medical purpose, and is appropriate for use in a patient's home. Therefore, based on guidelines and a review of the evidence, the request for Lumbar roll is not medically necessary.

**LSO brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Back - Lumbar supports

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

**Decision rationale:** MTUS does not specifically address this issue. ODG identifies that lumbar supports (including back brace) is not recommended for prevention, but is recommended for treatment of compression fractures and specific treatment of spondylolisthesis and documented instability. Within the medical information available for review, there is documentation of a diagnosis of lumbar strain with radiculopathy. However, there is no documentation of compression fractures, spondylolisthesis, and/or documented instability. Therefore, based on guidelines and a review of the evidence, the request for LSO brace is not medically necessary.