

<b>Case Number:</b>	CM14-0101750		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/21/2014
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in New Jersey. 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/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 worker is a 51 year old female who was injured cumulatively leading up to 1/21/14, which was the last day of her employment. She was diagnosed with cervical spondylosis, thoracic spondylosis, lumbosacral spondylosis, rotator cuff injury, carpal tunnel syndrome, and peripheral enthesopathies. She was treated with steroid injections in the left shoulder, opioids, and NSAIDs. She was seen by her treating physician on 5/2/14 when she complained of neck, thoracic, lumbar, bilateral shoulder, and bilateral wrists/hand pain. She also reported numbness and tingling in the wrists and hands. Her pain limited her activities of daily living. Physical findings included spasm and tenderness of the lumbar, thoracic, and cervical muscles with positive Kemp's, Braggard's, and Yeoman's tests and positive straight leg raise testing. She was recommended home exercises, physical therapy, use of a multi interferential stimulator, and use of a lumbosacral orthosis for the purpose of stabilizing the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar support Orthosis-Apollo LSO:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter Low Back

**MAXIMUS 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 section, Lumbar supports

**Decision rationale:** The MTUS ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG states that lumbar supports are not recommended for prevention, but may be used as an option for treatment for compression fractures, postoperatively (fusion), spondylolisthesis, documented instability, and for nonspecific low back pain (very low quality evidence but may be considered). In the case of this worker, there is no evidence that she was experiencing an acute flare of her chronic low back pain nor that she had any significant instability that might warrant temporary use of a lumbar support. Therefore, the lumbar support orthosis is not medically necessary.