

<b>Case Number:</b>	CM14-0103038		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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 patient is a 44 year old with an injury date on 2/13/13. The patient complains of constant lower lumbar pain radiating into left lower extremity per 5/20/14. The patient states that pain increases with sitting and standing per 5/20/14, and has not changed in last 6 months per 4/10/14 report. Based on the 4/23/14 progress report provided by [REDACTED] the diagnoses are lumbosacral s/s, bilateral lower extremity radiculopathy, and 3mm disc protrusion and stenosis at L3 to L5, possible extrusion at L3-L4 and a 2mm disc protrusion at L5-S1 with impingement of left L5 nerve root. Exam on 5/20/14 showed "L-spine range of motion is restricted with extension at 10 degrees." [REDACTED] is requesting lumbosacral orthosis/brace and urine toxicology screening. The utilization review determination being challenged is dated 6/24/14. [REDACTED] is the requesting provider, and he provided treatment reports from 12/5/13 to 5/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbosacral Orthosis/Brace:** 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): 301. Decision based on Non-MTUS Citation ODG guidelines for lumbar supports has

the following: Not recommended for prevention. Recommended as an option for treatment. See below for indications. Prevention: 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 prev

**Decision rationale:** This patient presents with lower back pain radiating into left leg. The treater has asked for lumbosacral orthosis/brace. Regarding lumbar supports, the ODG do not recommend for prevention but allow as an option for treatment for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). In this case, the patient does not present with a compression fracture, instability, or any other back condition that is indicated per the ODG for a back brace. The treater does not provide an explanation as to why a back brace would be necessary. The ODG do not recommend back braces merely for preventive purposes. The requested low back brace purchase is not medically necessary for the patient's condition.

**Urine Toxicology Screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines for Steps to avoid opioid misuse; Drug Testing Page(s): 94-95; 43.

**Decision rationale:** This patient presents with lower back pain radiating into left leg. The treater has asked for urine toxicology screening. Regarding urine drug screens, the MTUS Chronic Pain Guidelines recommends testing for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when the patient appears at risk for addiction, or when drug dosage increase proves ineffective. However, this applies to patients that are on opiates and UDS's are used to manage chronic opiate use. This patient was not on any opiates and there was no need for UDS testing. As such, the request is not medically necessary and appropriate.