

<b>Case Number:</b>	CM14-0103579		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/14/2000
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/09/2014
<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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 75 year old female was reportedly injured on August 14, 2000. The mechanism of injury is listed as cumulative trauma. The most recent progress note, dated July 15, 2014, indicates that there are ongoing complaints of low back pain radiating to the right greater than left lower extremity. Current medications include Vicodin and Soma. The physical examination demonstrated tenderness cervical and lumbar spine with decreased range of motion, positive right sided and left sided straight leg raise test, also tenderness over the bilateral sacroiliac (SI) joints, be unable to lift her left arm, and normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine showed diffuse degenerative changes from L1 through S1 as well as evidence of a prior laminectomy and fusion at L4 to L5. Previous treatment includes a lumbar spine L4 to L5 decompression and posterior instrumentation, epidural steroid injections, and a knee arthroscopy. A request was made for a lumbar sacral orthosis and a pain management consultation and was not certified in the preauthorization process on June 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO (Lumbar Sacral Orthosis) Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC): Lumbar Supports; Jellema-Cochrane, 2001; van Poppel, 1997

**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 - Lumbar and Thoracic, Lumbar Supports, Updated August 22, 2014.

**Decision rationale:** According to the Official Disability Guidelines lumbar supports are not recommended for prevention but only as a treatment option for compression fractures, spondylolisthesis, and documented instability. As the injured employee not diagnosed with any of these conditions, this request for a lumbar support brace is not medically necessary.

**Consultation with a pain management specialist (injection):** 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-TWC): Low Back Procedure Summary (updated 05/12/2014): Office visits; Dixon, 2008; Wallace, 2004

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** It is unclear why there is request for a pain management consultation. The most recent progress note dated July 15, 2014, does not have any radicular findings on physical examination and the injured employee's pain is stated to be controlled by existing medications. As such, this request for a consultation with a pain management specialist is not medically necessary.