

<b>Case Number:</b>	CM14-0013402		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	11/14/2013
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 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 56-year-old male who has submitted a claim for cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, and right knee sprain/strain associated with an industrial injury date of November 14, 2013. Medical records from 2013 were reviewed, which showed that the patient complained of frequent moderate, sharp mid back pain, rated 5-7/10. He also complained of moderate to severe sharp to throbbing low back pain, rated 6-8/10, radiating to the front of both legs. He also reported tingling and weakness of the lower back. The patient also complained of frequent moderate to severe sharp to throbbing neck pain, rated 5-8/10, radiating to both shoulders. He also reported occasional moderate aching to throbbing occipital headaches. The patient also had occasional mild aching to sharp right knee pain, rated 2-4/10. On physical examination, there was muscle spasm and tenderness about the upper trapezius and cervical paravertebral muscles. Cervical spine range of motion was limited. Deep tendon reflexes of the upper extremities were 2+ and symmetrical. No sensorimotor deficits of the upper extremities were noted. Examination of the lumbar spine revealed tenderness of the paravertebral muscles and spasm along the quadratus lumborum and gluteal muscles. The patient had difficulty performing heel and toe walking. Lumbar spine range of motion was limited on all planes. Deep tendon reflexes of the lower extremities were 2+ and symmetrical. No sensorimotor deficits were noted in the lower extremities. Straight leg raise test was negative bilaterally. Examination of the knee showed tenderness on the right medial and lateral joint lines. No signs of instability were appreciated. Knee range of motion was within normal limits. Treatment to date has included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of custom fabricated LSO for the lumbar spine:** 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 rationale:** According to page 301 of the ACOEM, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, given the November 14, 2013 date of injury (8 months to date), the patient's low back pain may be considered chronic in nature and thus, a lumbar support may no longer be of benefit. In addition, a clear rationale regarding the indication for a lumbar support was not provided. Therefore, the request is not medically necessary.