

<b>Case Number:</b>	CM14-0153660		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	09/21/1999
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 58 year old male with a 9/21/99 injury date. The mechanism of injury was not provided. In a 5/20/14 follow-up, there are continued multiple complaints of neck, back, shoulder, and elbow pain. A lumbar support has been provided in the past. Objective findings included full neck range of motion, no specific lumbar abnormalities noted, and normal lower extremity strength/sensation/reflexes. Diagnostic impression: lumbar spondylosis. Treatment to date: medications, lumbar support. A UR decision on 9/16/14 denied the request for replacement of lumbar support, with pulls for the lumbar spine, on the basis that the guidelines do not recommend lumbar supports unless there is specific treatment for spondylolisthesis, documented instability, or postoperative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement of lumbar support, with pulls 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 based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--Lumbar supports.

**Decision rationale:** CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. However, ODG states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. However, there is no clinical or diagnostic evidence that the patient has any of the above diagnoses, and there is not discussion or rationale that explains why a new lumbar support is necessary. In addition, there was new medical documentation provided as part of this revision review. However, all of the new documentation addressed the patient's prior shoulder issues, and none of it was relevant to lumbar spine symptoms or the need for a lumbar support. Therefore, the request for lumbar support, with pulls for the lumbar spine, is not medically necessary.