

<b>Case Number:</b>	CM14-0171269		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	12/11/2006
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Occupational Medicine 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:

Patient is a 65 year-old male with date of injury 12/11/2006. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/26/2014, lists subjective findings as pain in the low back and neck. Objective findings: Examination of the cervical spine revealed negative cervical orthopedic tests. Range of motion was reduced. Examination of the lumbar spine revealed paravertebral muscle spasm. The bilateral sacroiliac joints were mildly tender. Range of motion was reduced to 30% with pain. Straight leg raise was negative bilaterally. Kemp's test was positive. Sensory examination of the lower extremities was normal. Pathological reflexes were absent. Motor strength was 5/5 globally throughout the bilateral upper and lower extremities. Diagnoses are: 1.Lumbar post-surgical syndrome 2.Lumbar facet joint pain 3.Sacroiliac joint pain 4.Lumbar neuralgia 5.Cervicalgia. 6. Cervical neuralgia 7.Chronic pain syndrome 8.Opioid dependence.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar orthotic support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Lumbar orthotic support is not medically necessary.