

<b>Case Number:</b>	CM14-0022511		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/06/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 55 year old female who strained her back while bending down on 04/06/11. The progress note dated 04/18/14 injured worker complained of intermittent neck pain rated 2/10 variation to the right trapezius. The injured worker also complains of constant low back pain, rated 6/10. Pain radiates to the left lower extremity and with associated numbness and tingling. Current medications include Naprosyn, Norco, Soma, and Ultracet. She is not attending physical therapy anymore; however she is currently participating in a home exercise program. Physical examination reveals paraspinous spasm and tenderness. Lumbar spine range of motion reveals flexion at 25 degrees. Extension at 10 degrees. Right lateral bending at 10 degrees, and left lateral bending at 15 degrees. Straight leg raise is positive on the left with radiating pain in the left lower extremity. There is numbness, tingling, and paresthesia at 7 degrees of elevation of her left leg. There is weakness noted in the extensor hallucis longus and tibialis anterior. MRI dated 09/20/12 reveals a chronic anterior wedge shaped compression deformity of T12 with loss of about 50% of the vertebral height with kyphotic angulation without significant change. The L4-5 level there was a 3mm posterior disc bulge. There was no thecal sac stenosis. There was bilateral foraminal stenosis related to posterolateral spur complex and facet hypertrophy without effective on nerve roots. A computed tomography scan of the lumbar spine with 3D multi-planar display showed a stable anterior wedge compression deformity of T12 with approximately 50% anterior height loss and focal kyphosis. No acute osseous abnormalities and no evidence of PARS defect. There was no significant osseous central canal or neuroforaminal stenosis. There was severe facet arthropathy at L4-5 and L5-S1. On the progress note of 02/21/14 it was noted that an x-ray was done and shows a spondylolisthesis of L4 on L5. After thorough review of the medical records, there was no radiologist report of the x-ray findings.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**OFF THE SHELF LUMBAR BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 SUPPORTS.

**Decision rationale:** The clinical documentation submitted does not support the request for a off the shelf lumbar support. There is no documentation that the injured worker has had lumbar surgery, and no documentation by a radiologist that confirms an instability pattern. As such the medical necessity for the device has not been established.