

<b>Case Number:</b>	CM14-0023433		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	03/30/2001
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 & 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 63-year-old male, with a date of injury 3/30/01. He has developed chronic low back pain and is currently treated with oral analgesics. The records reviewed reveal no evidence of instability although spondylolisthesis is included in the diagnosis list. MRI testing is reported to show multilevel degenerative disc changes with small protrusions. Prior treatment has included physical therapy, chiropractic and epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: SLEEQ AP LOW PROFILE SAGITTAL CONTROL FOR THE LUMBAR:**

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, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back acute and chronic, Lumbar Supports.

**Decision rationale:** ACOEM does not support the use of lumbar supports, but ODG does state that a trial is reasonable if there is lumbar instability. The records that were sent as part of this review do not provide any objective evidence for instability. If testing has revealed instability

(flexion/extension motion) there may be rational to support the request, but no such information was found. At this time there is inadequate support for the request, it is not medically necessary.