

<b>Case Number:</b>	CM14-0193207		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	08/10/2010
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Emergency 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:

The injured worker is a 51 year-old male, who sustained an injury on August 10, 2010. The mechanism of injury occurred from a motor vehicle accident. Diagnostics have included: May 11, 2012 lumbar MRI reported as showing facet degeneration at L4-S1, foraminal encroachment at L4-5. Treatments have included: cervical fusion, physical therapy, medications. The current diagnoses are: cervical and lumbar degenerative disc disease, s/p cervical fusion. The stated purpose of the request for DME: lumbar belt was not noted. The request for DME: lumbar belt was denied on October 20, 2014, citing a lack of documentation of medical necessity. Per the report dated November 20, 2014, the treating physician noted complaints of radiating neck pain, low back pain. Exam findings included restricted cervical and lumbar range of motion, positive bilateral straight leg raising test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: lumbar belt:** Upheld

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

**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 - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports

**Decision rationale:** The requested DME: lumbar belt is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker has radiating neck pain, low back pain. The treating physician has documented restricted cervical and lumbar range of motion, positive bilateral straight leg raising test. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, DME: lumbar belt is not medically necessary. The treating physician has documented restricted cervical and lumbar range of motion, positive bilateral straight leg raising test. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, DME: lumbar belt is not medically necessary.