

<b>Case Number:</b>	CM14-0207146		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	01/08/2013
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61 year old male, who sustained an industrial injury on 1-8-2013. Diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc, lumbar spondylosis, lumbago and thoracic or lumbosacral neuritis or radiculitis unspecified. Treatment to date has included surgery, epidural injection and medication. According to the progress report dated 11-10-2014, the injured worker complained of radiculopathy. He rated his pain as four to six out of ten with medications and eight out of ten without medications. He reported that his lumbar corset no longer fit well and was in a state of disrepair. Exam of the lumbar spine revealed loss of normal lordosis and exaggerated thoracic kyphosis. He had a wide based, antalgic gait. Authorization was requested for a lumbar orthosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Orthosis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Lumbar supports.

**Decision rationale:** The claimant sustained a work injury in January 2013 and is being treated for low back pain with radiculopathy. He has a history of a lumbar laminectomy in 2010 complicated by possible osteomyelitis with negative cultures treated empirically with antibiotics. A lumbar fusion is being recommended, however, when seen, he had not undergone the procedure. He had pain rated at 4-6/10 with medications. He was using a lumbar corset which no longer fit well and was in disrepair. Physical examination findings included a BMI of over 27. There was a wide based antalgic gait. Straight leg raising was negative and lower extremity strength and reflexes were normal. An x-ray of the lumbar spine in May 2014 including flexion extension views showed significant degenerative changes without instability. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, there is was no spinal instability by x-ray in May 2014 or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone the planned fusion. The requested lumbar orthosis is not medically necessary.