

<b>Case Number:</b>	CM15-0101869		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	06/10/2011
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 46 year old male, who sustained an industrial injury on 6/10/11. He reported pain in his lower back after pulling a fire hose. The injured worker was diagnosed as having lumbar spondylosis and stenosis with left neural foraminal fibrosis and thoracic pain with degenerative disc disease. Treatment to date has included physical therapy, a lumbar MRI on 9/2014 showing mild scar tissue at the left L5 level abutting the S1 nerve root and physical therapy. Current medications include Roxicodone IR, Lidoderm 5%, Mobic, Cymbalta and Wellbutrin. As of the PR2 dated 4/13/15, the injured worker reports low back pain and intermittent leg pain. He has tried to wean down his oxycodone however, is unable to tolerate the pain. Objective findings include lumbar flexion 45 degrees with pain, mild stiffness and pain with extension and normal strength in the bilateral lower extremities. The treating physician requested a lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective review for purchase of durable medical equipment (DME): Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, for date of service (DOS) 04/06/15: Upheld**

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

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

**Decision rationale:** Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short term use of a lumbar support for symptom relief. The available documentation does not provide evidence of lumbar instability in the injured worker. It has been recommended that he participate in a core strengthening and cardiovascular exercise program. The use of a lumbar support would not be indicated in association with these exercise programs. The MTUS Guidelines do not indicate that the use of a lumbar spine brace would improve function. The request for Retrospective review for purchase of durable medical equipment (DME): Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, for date of service (DOS) 04/06/15 is determined to not be medically necessary.