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| <b>Case Number:</b>   | CM15-0010713 |                              |            |
| <b>Date Assigned:</b> | 01/28/2015   | <b>Date of Injury:</b>       | 07/22/1997 |
| <b>Decision Date:</b> | 04/10/2015   | <b>UR Denial Date:</b>       | 12/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/20/2015 |

### 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: Physical Medicine & Rehabilitation

### 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 7/22/1997. The current diagnoses are lumbosacral spondylosis, thoracic and lumbosacral neuritis or radiculitis, lumbalgia, post laminectomy syndrome, and status post lumbar spine surgery (12/19/2014). On the progress report dated 11/17/2014, the injured worker complained of constant low back pain. The pain was rated 3/10 with medications and 8/10 without. The pain was characterized as sharp, burning, and aching. Current medications are OxyContin, Roxicodone, and Lidoderm 5% patch. Treatment to date has included medications, physical therapy, and surgery. The treating physician is requesting summit lumbar sacral orthosis, which is now under review. On 12/26/2014, Utilization Review had non-certified a request for summit lumbar sacral orthosis. The California MTUS ACOEM and Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Summit lumbar sacral orthosis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 301, 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, Lumbar Supports.

**Decision rationale:** The patient presents with low back pain rated 3/10 with and 8/10 without medications. The request is for Summit Lumbar Sacral Orthosis. The RFA is not provided. Patient's diagnosis included lumbosacral spondylosis, thoracic and lumbosacral neuritis or radiculitis, lumbalgia, post laminectomy syndrome, and status post lumbar spine surgery on 12/19/14. Patient's work status is unknown. ACOEM Guidelines page 301 states; Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief." Page 9 of ACOEM Guidelines also states, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." Official Disability Guidelines, under its low back chapter, Lumbar Supports also states that it is not recommended for prevention and for treatment. It is an option for fracture, spondylosis, documented instability, and for nonspecific low back pain (very low quality evidence). In this case, the patient has a chronic condition, and does not present with compression fracture, documented instability, or spondylolisthesis to warrant lumbar support based on guidelines. Given the lack of ACOEM and Official Disability Guidelines support for the use of lumbar orthosis, the request IS NOT medically necessary.