Case Number:	CM15-0145216		
Date Assigned:	08/06/2015	**Date of Injury:**	05/12/2015
Decision Date:	09/09/2015	**UR Denial Date:**	07/20/2015
Priority:	Standard	**Application Received:**	07/27/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old male patient, who sustained an industrial injury on May 12, 2015. He sustained the injury while lifting a box. The diagnoses include possible lumbar discogenic pain, possible bilateral lumbar facet pain, possible lumbar sprain strain, constant bilateral lumbosacral radicular pain, possible cervical discogenic pain, possible bilateral cervical facet pain, possible cervical sprain strain and bilateral shoulder pain, which is referred pain from cervical spine. Per the doctor's note dated July 8, 2015, he had complaints of low back pain constantly radiating into the left lower extremity more than right with tingling, numbness, weakness and cramps; neck pain radiating into both shoulders. Symptoms were noted to improve with medication and rest. The physical examination revealed cervical spine- tenderness, pain with cervical spine movements and positive cervical facet loading test; lumbar spine- tenderness and painful movements. The medications list includes anaprox, ultram, omeprazole, cyclobenzaprine and topical compound creams. He was noted to have greater than 50% improvement with prescribed medications with his ability to function significantly improved. He has had lumbar spine X-rays for this injury. Prior diagnostic reports were not specified in the records provided. Other therapy done for this injury was not specified in the records provided. The treatment plan included a flexion extension x-ray of the cervical spine, MRI of the lumbar spine, medicated cream, chiropractic physical therapy and a soft supporting lumbar brace. On July 20, 2015, Utilization Review non-certified the request for one purchase of lumbosacral orthosis back support, citing California MTUS ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of lumbosacral orthosis back support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 07/17/15), Lumbar supports.

Decision rationale: Purchase of lumbosacral orthosis back support. Per the ACOEM guidelines "There is no evidence for the effectiveness of lumbar supports." In addition, per the ODG, lumbar supports are "Not recommended for prevention. Recommended as an option for treatment. See below for indications. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (van Duijvenbode, 2008)Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, ...Under study for post-operative use...." Evidence of a recent lumbar fracture, spondylolisthesis, recent lumbar surgery or instability is not specified in the records provided. In addition, response to previous conservative therapy including physical therapy is not specified in the records provided. The medical necessity of Purchase of lumbosacral orthosis back support is not fully established for this patient.