

<b>Case Number:</b>	CM15-0191954		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	09/30/2005
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 58 year old male, who sustained an industrial injury on 09-30-2005. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for neck pain, headaches, and lumbar pain with disc bulge and stenosis. Medical records (03-27-2015 to 07-17-2015) indicate ongoing constant neck and low back pain with radiating pain into the left lower extremity to the foot. Pain levels were 2-3 out of 10 on a visual analog scale (VAS) with medications and 8 out of 10 without medications. Pain was described as sharp, stabbing, and moderate in intensity. Pain was noted to be aggravated with bending, standing, walking and other activities. The IW did report that his "TFE" was wearing out. Records also indicate no progressive changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 07-17-2015, revealed tenderness and spasm in the lumbar spine and musculature, slightly to moderately limited range of motion in the lumbar spine, decreased sensation in the left lower extremity, decreased strength in the left lower extremity, and positive straight leg raises in the seated position for left radicular pain at 50° and for right radicular pain at 70°. Relevant treatments have included lumbar epidural steroid injections, work restrictions, and pain medications. The treating physician indicates that a MRI of the lumbar spine (12-2014) showed degenerative changes most notably at the L5-S1 level where there is a left paracentral and lateral disc bulge which contacts with the left S1 exiting nerve root resulting in moderate left-sided neural foraminal stenosis. The request for authorization and PR that request the LSO lumbar spine was not available for review; however, the utilization review letter states that the following equipment was requested: LSO

lumbar spine. The original utilization review (09-24-2015) denied the request for LSO lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**LSO lumbar spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Lumbar supports.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, LSO lumbar spine is not medically necessary. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended or prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Additionally, lumbar supports do not prevent low back pain. In this case, the injured worker's working diagnoses are chronic pain; lumbar radiculopathy; annular tear with extrusion L4-L5. Date of injury is September 30, 2005. Request authorization is September 18, 2015. The most recent progress note in the medical record is dated July 17, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization, September 18, 2015. According to the most recent progress note dated July 17, 2015, subjective complaints include pain and constant low back pain that radiates to the left lower extremity. Pain score is 2/10. Objectively, there is a spasm and tenderness in the lumbar spine decreased range of motion. There is no instability documented. The injury is 10 years old. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended or prevention. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and guideline non-recommendations beyond the acute phase of symptom relief with no documented instability, LSO lumbar spine is not medically necessary.