

<b>Case Number:</b>	CM15-0028201		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	12/23/1985
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 73 year old female patient, who sustained an industrial injury on 12-23-1985. The diagnoses include lumbar facet arthropathy, lumbosacral radiculopathy, and severe obesity. Per the doctor's note dated 9-3-14, she had complaints of bilateral low back pain described as aching and constant. She rated her pain 7 out of 10. She indicated her pain to be aggravated by prolonged activity such as sitting and walking. Physical examination revealed a normal gait, tenderness and spasms in the lumbar paraspinals, sacroiliac joint and bilateral buttocks, decreased lumbar range of motion, decreased bilateral lower limb muscle strength, normal muscle tone, normal stability, positive left supine leg raise test, and positive Patrick's and Faber's test on the left. The provider noted her "condition is unchanged". The provider also noted "due to complaints of morbid conditions patient has difficulty ambulating". The medications list includes Percocet. The treatment and diagnostic testing to date has included medication. Current work status: retired and not working. Other therapy done for this injury was not specified in the records provided. The request for authorization is for lumbar sacral orthosis. The UR dated 1-23-2015 non-certified the request for lumbar sacral orthosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar sacral orthosis:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness, Physical Methods.

**Decision rationale:** Request: Lumbar sacral orthosis. Per the ACOEM guidelines, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Per the cited guidelines, "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry." Evidence of a recent lumbar fracture, spondylolisthesis, recent lumbar surgery or instability was not specified in the records provided. In addition, response to previous conservative therapy including physical therapy is not specified in the records provided. Lumbar sacral orthosis is not medically necessary for this patient.