

<b>Case Number:</b>	CM15-0216891		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	05/31/2014
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 55 year old male, who sustained an industrial injury on 5-31-14. The injured worker was diagnosed as having lumbar degenerative disc disease and lumbar strain. Subjective findings (9-17-15 and 9-30-15) indicated pain in the back, mostly at night. The injured worker rated his highest pain 8 out of 10. Objective findings (9-17-15 and 9-30-15) revealed tenderness in the lumbar paravertebral, lumbar flexion is 10 degrees and intact sensation to light touch in all dermatomes in the bilateral lower extremities. Treatment to date has included a lumbar MRI on 6-17-15 showing L4-L5 bilateral facet arthropathy and an annular disc bulge, Norco and Flector patch. The Utilization Review dated 10-6-15, non-certified the request for a lumbar spine orthosis and a lumbar spine support belt.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine orthosis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low BackCochrane Database Syst Rev. 2008 Apr 16: (2); CD001823.

**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-Lumbar & Thoracic (Acute & Chronic), Lumbar supports and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

**Decision rationale:** The claimant sustained a work injury in May 2014 when he was assaulted with injuries to the head and back. The requesting provider saw him on 09/17/15. He was taking medications for his head injury on some days, normally at night. He was taking Norco for back pain. He had back pain as high as 8/10. An MRI of the lumbar spine on 06/17/15 had shown findings of multilevel spondylosis and a left lateralized disc complex with facet arthropathy. Physical examination findings included tenderness throughout the lumbar paraspinal muscle. There was restricted and painful lumbar range of motion with flexion of barely 10 degrees. There was decreased strength throughout the lower extremities bilaterally. He was referred for physical therapy. Norco and amitriptyline were prescribed. Authorization for a lumbar belt and a lumbar support were requested. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone a recent fusion. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar orthosis is not medically necessary.

**Lumbar spine support belt:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low BackCochrane Database Syst Rev. 2008 Apr 16: (2); CD001823.

**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-Lumbar & Thoracic (Acute & Chronic), Lumbar supports and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

**Decision rationale:** The claimant sustained a work injury in May 2014 when he was assaulted with injuries to the head and back. The requesting provider saw him on 09/17/15. He was taking medications for his head injury on some days, normally at night. He was taking Norco for back pain. He had back pain as high as 8/10. An MRI of the lumbar spine on 06/17/15 had shown findings of multilevel spondylosis and a left lateralized disc complex with facet arthropathy. Physical examination findings included tenderness throughout the lumbar paraspinal muscle. There was restricted and painful lumbar range of motion with flexion of barely 10 degrees. There was decreased strength throughout the lower extremities bilaterally. He was referred for physical therapy. Norco and amitriptyline were prescribed. Authorization for a lumbar belt and a lumbar support were requested. Lumbar supports are low to moderate cost. They are not

invasive, but they have minor but widely prevalent complications resulting in high non-compliance rates. There are other interventions such as exercise with evidence of efficacy especially for treatment and also for prevention. Lumbar supports are not recommended for prevention of low back pain. The requested support belt is not medically necessary.