

<b>Case Number:</b>	CM14-0119740		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/07/2001
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 57-year-old male was reportedly injured on August 7, 2001. The most recent progress note, dated June 10, 2014, indicated that there were ongoing complaints of low back pain. The physical examination has not been noted on the date of this evaluation. Diagnostic imaging studies were not documented. Prior treatment has included pharmacotherapy with NSAIDs, muscle relaxants, antidepressants, and opioid analgesia. Surgical intervention has included a spinal ablation in May 2012 and nerve ablations in July 2013 and August 2013. The clinical encounter from the prior visit does not include a physical examination either. A request had been made for a lumbar back support and was not determined not medically necessary in the pre-authorization process on July 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of back support for lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** MTUS/ACOEM practice guidelines do not support the use of a LSO or other lumbar support devices for the treatment or prevention of low back pain, except in cases of

specific treatment of spondylolisthesis, documented instability, or postoperative treatment. The lack of support for these devices in a subacute and chronic pain setting is based on the decreased activity level and weakness created by the device itself affecting all levels of the lumbar and sacral spine, with further resultant weakness and decreased mobility. The claimant is currently not in an acute postoperative setting and there is no documentation of instability or spondylolisthesis with flexion or extension plain radiographs of the lumbar spine. Based on the guideline recommendations and the information provided, the above noted request is considered not medically necessary.