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| <b>Case Number:</b>   | CM14-0137961 |                              |            |
| <b>Date Assigned:</b> | 09/05/2014   | <b>Date of Injury:</b>       | 01/20/1992 |
| <b>Decision Date:</b> | 09/29/2014   | <b>UR Denial Date:</b>       | 08/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/26/2014 |

### 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 Emergency 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 injured worker is a 61 year-old female, who sustained an injury on January 20, 1992. The mechanism of injury that occurred is not noted. Diagnostics have included: May 9, 2014 urine drug screen reported as showing positive for opiates; Lumbar spine MRI dated September 18, 2013 reported as showing L3-S1 fusion with laminectomies. Treatments have included: medications, physical therapy, home exercise, sacroiliac joint injections, 1994 back surgery. The current diagnoses are: lumbar degenerative disc disease, post-lumbar surgery syndrome, low back pain, lumbar radiculopathy, chronic intractable pain. The stated purpose of the request for Intelliskin Posture Shirt was to provide stability after procedure. The request for Intelliskin Posture Shirt was denied on August 20, 2014, noting that referenced guidelines only recommend lumbar support during the acute phase of the injury and a lack of documented medical necessity for a posture shirt versus a standard lumbar support. Per the report dated July 30, 2014, the treating physician noted complaints of low back pain with radiation to the right leg. Exam findings included lumbar tenderness and restricted range of motion, positive left-sided straight leg raising test, negative Kemp's test, 4/5 muscle strength. The treating physician is considering a spinal cord stimulator trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intelliskin Posture Shirt:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back- Lumbar supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

**Decision rationale:** The requested Intelliskin Posture Shirt, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker has low back pain with radiation to the right leg. The treating physician has documented lumbar tenderness and restricted range of motion, positive left-sided straight leg raising test, negative Kemp's test, 4/5 muscle strength. The injury is six years old and therefore not within an acute phase of treatment. Further the treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment (lumbar fusion performed in 1994). The criteria noted above not having been met, Intelliskin Posture Shirt, is not medically necessary.