

<b>Case Number:</b>	CM14-0094188		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/05/2000
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This 65 year old patient had a date of injury on 7/5/2000. The mechanism of injury was not noted. In a progress noted dated 3/10/2014, subjective findings included low back pain, radiating down left lower extremity. Pain is 5/10 with medications, 7/10 without. On a physical exam dated 3/10/2014, objective findings included tenderness upon palpation of lumbar spine, range of motion moderately limited secondary to pain. Diagnostic impression shows lumbar facet arthropathy, failed back surgery syndrome, lumbar epidural fibrosis, lumbar post laminectomy syndrome, lumbar radiculopathy Treatment to date: medication therapy, behavioral modification A UR decision dated 5/29/2014 denied the request for lumbar orthosis brace, stating that guidelines do not recommend lumbar support for treatment of low back disorders, as there is no evidence of lasting benefit beyond acute phase of symptom relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Orthosis Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**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 chapter.

**Decision rationale:** MTUS does not address this issue. ODG recommends lumbar supports for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of low back pain, with very low quality evidence. In the reports reviewed, and in the latest progress report dated 3/10/2014, the patient is not documented to suffer from instability or documented to require this support for work demands. There was no detailed discussion provided regarding why this patient needs this equipment, when the subjective symptoms seem to be well controlled by medications. Therefore, the request for lumbar orthosis brace is not medically necessary.