

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0205109 |                              |            |
| <b>Date Assigned:</b> | 12/17/2014   | <b>Date of Injury:</b>       | 04/15/1992 |
| <b>Decision Date:</b> | 02/09/2015   | <b>UR Denial Date:</b>       | 11/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/08/2014 |

### 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 New York. 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 patient is a 66-year-old female who was injured on April 15 1992. The patient continued to experience pain in her back and left leg. Physical examination was notable for painful range of motion of the lumbar spine and bilateral S1 radicular pain. Diagnoses included lumbar discogenic disease, lumbar radiculopathy, stenosis L2-3, and status post lumbar fusion. Treatment included surgery, medications, and trigger point injections. Request for authorization for lumbar orthosis sagittal control with rigid anterior and posterior panels was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for lumbar orthosis, sagittal control, with rigid anterior and posterior panels (DOS: 8/18/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**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, Lumbar supports.

**Decision rationale:** Lumbar orthosis is a lumbar support device. Lumbar support is not recommended for prevention. It is indicated for compression fractures and specific treatment of spondylolisthesis, and documented instability. It may be used for treatment of nonspecific LBP, but the supporting evidence is very low-quality evidence. In this case the patient is not suffering from spondylolisthesis or compression fractures. There is no documented instability. There is no indication for lumbosacral support. The request is not medically necessary.