MAXIMUS Federal Services

| Case Number: | CM15-0093815 | | |
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| Date Assigned: | 05/21/2015 | Date of Injury: | 08/21/2013 |
| Decision Date: | 06/19/2015 | UR Denial Date: | 04/21/2015 |
| Priority: | Standard | Application Received: | 05/18/2015 |

## 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: California
Certification(s)/Specialty: Emergency Medicine

## 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 32 year old male, who sustained an industrial injury on 8/21/13. He reported pain in back after reaching upward with right arm overhead. The injured worker was diagnosed as having thoracic sprain/strain. Treatment to date has included oral medications and chiropractic treatment (as noted on UR). (MRI) magnetic resonance imaging of left knee performed on 4/15/15 noted Wiberg type II paella showing mild lateral tilt, small knee joint effusion, Bone Island at lower shaft of femur and no other obvious abnormality. Currently, the injured worker complains of pain in posterior right thoracic region. Physical exam was unremarkable on 8/26/13, which is the most recent progress note submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbosacral orthotic back support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Low Back - Lumbar & Thoracic (Acute & Chronic).

**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 Lumbosacral orthotic back support 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 pain in posterior right thoracic region. Physical exam was unremarkable on 8/26/13, which is the most recent progress note submitted. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, Lumbosacral orthotic back support is not medically necessary.