

Case Number:	CM13-0011859		
Date Assigned:	09/24/2013	Date of Injury:	04/20/2011
Decision Date:	10/01/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/15/2013

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 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 patient is a 29-year-old female with a 04/20/11 date of slip and fall injury to her lower back. Pain has increased significantly since 04/2013 when 30 pounds of weight landed on her lap. An 08/01/13 evaluation report by [REDACTED], who is treating the patient on a regular basis, states diagnoses of discogenic lumbar conditions with radicular component down the lower extremities. The patient continues to experience radiating paresthesias and loss of balance increases when sharp pain radiates from her back to the calves. Sleeping is limited due to pain. Cramps in legs interrupt sleep. Lyrica 300 mg nightly has mildly reduced paresthesias in legs, Celebrex 200 mg daily reduced pain and increased range of motion. VAS pain table showing an increase of pain levels from 4/10 in the morning to 7-8/10 in the evening. Examination reveals 3+ tenderness and muscle spasm in the paravertebral regions, right posterior lateral facet tenderness aggravated by deep pressure and extension. Lumbar spine range of motion is compromised by approximately 50%. Moderate tenderness in thoracolumbar and lumbosacral spine. Sensitivity is diminished in L4-5 nerve distribution on the right, measuring 4/5. Toe extensor weakness on the left. Treatment has included physical therapy, 12-inch chair back brace, TENS unit, exercise ball, aquatic pool physical therapy, Celebrex, prilosec, lyrica, extension of aquatic pool physical therapy, therapeutic injections. A 07/20/13 AME evaluation report by [REDACTED] states that the patient describes what seems to be an epidural injection in 2001; however, it didn't help and has not been repeated. [REDACTED] referred the patient to [REDACTED] for evaluation and refit of lumbosacral orthosis. Records reveal that in 09/2012 she was approved for a chair back LSO, which she obtained from [REDACTED] in [REDACTED]. However, she does not like her orthosis, it rides up and does not wear, she cannot use it when seated. [REDACTED] notes state that [REDACTED] could not accommodate. Records contain prescription by [REDACTED] for an LSO to be obtained from [REDACTED], with a requested code L0631, which refers to a prefabricated,

not a custom orthosis. This is stated in the description box on the prescription document. He also requested EDS of lower extremities on 06/20/13 to evaluate radiculopathy and increased weakness in legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Orthotic: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: Lumbar Supports Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin.

Decision rationale: The ODG recommend lumbar supports as an option for treatment of nonspecific low back pain, stating that the evidence is very low quality. Aetna considers lumbar- sacral orthosis medically necessary to reduce pain by restricting mobility of the trunk; or to support weak spinal muscles and/or a deformed spine. The medical records provided for review describes paresthesias in calves, diminished strength of toe extensor and sensation at L4-5 distribution, with a positive SLR at 30 degrees, along with loss of balance and weakness. These findings suggest radiculopathy which is supported by EDS and MRI findings. Comparison of two described MRI reports shows progression of discogenic lumbar condition. With a BMI of 46, the stress on the spine is further aggravated by obesity. The requested lumbar support is a medically reasonable measure to relieve some stress from the lumbosacral spine and to add stability. In addition, the request is for a prefabricated brace and has been already authorized in 09/2012 for purchase from another supplier, but the patient has been unable to wear it due to improper fitment. She seems to like the fit of the orthotic requested. As such, the request is medically necessary and appropriate.

Electromyography (EMG) of Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: The ACOEM Guidelines state that EMGs are not necessary if radiculopathy is already clinically obvious. The requesting physician describes a variety of clinical findings indicative of radiculopathy, in addition, MRI and EDS from 2011 support this diagnosis. The medical necessity for repeat EMGs has not been established.