

<b>Case Number:</b>	CM13-0019920		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/15/2010
<b>Decision Date:</b>	01/07/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 IMR application shows the injured worker is disputing the 8/26/13 UR decision to deny a lumbar MRI and lumbar corset. The injured worker is a 51 year-old male that has a cumulative trauma low back injury from 12/1/06 to 7/15/10. There is an 8/8/13 appeal letter from [REDACTED] stating UR did not provide a rationale for denying the updated lumbar MRI and states the lumbar corset is a replacement, as the one the patient received was too bulky and difficult for him to wear at work. The patient is diagnosed with 1) L2-S1 discogram positive pain, 2) L2/3 stenosis, 3) s/p L3 to L5 decompression. [REDACTED] state the patient had increased low back and leg pain since 4/24/13. There was decreased sensation along the L5 dermatome and the patient walked with a limp and used a cane for assistance. [REDACTED] noted the symptoms were unchanged a couple months later on his June 2013 report. [REDACTED] believes the patient will require a 4-level fusion from L2 to S1, but the patient was hesitant to proceed. The lumbar corset was due to the patient's difficulties with weight-bearing. There is a report from [REDACTED] from 7/31/12, stating he reviewed the 6/12/12 standing/positional MRI from 6/21/12 and recommends a fusion, as well as requests a discogram from L1 to S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Overturned

**Claims Administrator 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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The records show the patient has had recommendations for a lumbar fusion since 7/2012. The last MRI was on 6/12/12. The physician notes the patient's symptoms increased since 4/2013, but records show the same pattern of symptoms since 2/2013. A routine MRI are not recommended by ACOEM. However, in this case there were delays in the determination of what surgical procedure was appropriate and to which lumbar levels. The patient has recommendations that range between a 2 and 4-level fusion, and appropriately, the patient is concerned and hesitant on this. [REDACTED] is planning the lumbar surgery and believes the MRI will aid in patient management. ACOEM states special studies may be appropriate when the physician believes it would aid in patient management. The request appears to be in accordance with ACOEM guidelines. The request for an MRI of the lumbar spine is medically necessary and appropriate.

**new lumbar corset:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308.

**Decision rationale:** The physician states the lumbar corset was recommended for treatment due to the patient's difficulty in weight bearing. The old corset was reported to be too bulky for the patient to wear at work. The request is not in accordance with the MTUS/ACOEM topics. ACOEM does not recommend lumbar supports beyond the acute phase of symptoms relief. ACOEM specifically states that corsets are not recommended for treatment. In the occupational setting, they are optional for prevention. The request for the lumbar corset to treat the patient's difficulty in weight bearing is not in accordance with MTUS/ACOEM topic guidelines. The request for a new lumbar corset is not medically necessary and appropriate.