

<b>Case Number:</b>	CM13-0041994		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/21/2013
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Occupational 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 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:

According to the records made available for review, this is a 45-year-old female with a 3/21/13 date of injury. At the time (7/25/13) of request for authorization for right ankle ultrasound guided cortisone injection, there is documentation of subjective (cannot walk more than 10 to 15 minutes without extreme pain, activities of daily living are much reduced) and objective (spasms along the right thoracic paraspinal musculature from T5 to T10 and conversely from approximately T11 to L2 on the left, decreased ROM) findings, current diagnoses (lumbar spine left posterolateral annular tear at L5-S1 with desiccation and a 1-mm broad-based disc protrusion at L4-5 with mild bilateral foraminal narrowing and lumbar radiculopathy on the right), and treatment to date (medication). Regarding the Aspen LSO brace, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Regarding the EMG/NCV of the lower extremities, there is no documentation of focal neurologic dysfunction in a patient with low back symptoms lasting more than three to four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ASPEN LSO BRACE:** 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. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SECTION LOW BACK, LUMBAR SUPPORT

**Decision rationale:** The MTUS reference to ACOEM identifies that lumbar supports have not been shown to have any lasting benefit beyond acute phase of symptom relief. The ODG identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. Within the medical information available for review, there is documentation of diagnoses of lumbar spine left posterolateral annular tear at L5-S1 with desiccation and a 1-mm broad-based disc protrusion at L4-5 with mild bilateral foraminal narrowing and lumbar radiculopathy on the right. However, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for Aspen LSO brace is not medically necessary.

**EMG/NCV OF THE LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**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), SECTION LOW BACK, ELECTRODIAGNOSTIC STUDIES

**Decision rationale:** The MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. The ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, the ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of lumbar spine left posterolateral annular tear at L5-S1 with desiccation and a 1-mm broad-based disc protrusion at L4-5 with mild bilateral foraminal narrowing and lumbar radiculopathy on the right. However, there is no documentation of focal neurologic dysfunction in a patient with low back symptoms lasting more than three to four weeks. Therefore, based on guidelines and a review of the evidence, the request for EMG/NCV of the lower extremities is not medically necessary.