

Case Number:	CM13-0047370		
Date Assigned:	06/09/2014	Date of Injury:	01/23/2013
Decision Date:	07/29/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 38-year-old male who reported an injury on 01/23/2013, with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 01/24/2014, the injured worker reported that he was doing well and was living within his pain level. It was also noted that he reported significant improvement. The physical examination revealed tenderness to palpation to cervical/lumbar paraspinals. The range of motion of the cervical and lumbar spine was noted to be decreased in all planes. It was noted that there was a decrease to sensation to the left C8 dermatomes and decreased sensation to the left L5 and S1 dermatomes. It was noted that the injured worker had a mildly positive straight leg raise on both sides that was minimal. Prior treatments included physical therapy, chiropractic care, injections and pain medications. The diagnoses included possible myopathy; grade 2 to 3 spondylolisthesis L5-S1; bilateral L5 spondylolisthesis; and ongoing orthopedic issues, followed up by a physician. The treatment plan included a discussion of the injured worker's treatment options, such as living with it, physical therapy, chiropractic care, acupuncture, injections, and surgery. There was an extensive discussion in regards to surgery. It was noted that the injured worker did not require a refill of his medications. It was advised for the injured worker to return in 8 weeks for re-evaluation and further discussion.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Corset (51010): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 supports.

Decision rationale: The Official Disability Guidelines (ODG) state that lumbar supports are not recommended for prevention. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (very low-quality evidence, but may be conservative option). In the clinical notes provided for review, it is indicated that the injured worker reported that he is living with his pain level and reported significant improvement. There is also a lack of documentation of the injured worker's pain level status or a request for the LSO corset. Furthermore, the physical examination within the documentation did not provide evidence of instability. Therefore, the request for LSO corset (51010) is not medically necessary.