

Case Number:	CM13-0059386		
Date Assigned:	12/30/2013	Date of Injury:	05/14/2012
Decision Date:	05/12/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/02/2013

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 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 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 51-year-old male who was injured on 05/14/2012 while he was delivering approximately 200 cases of merchandise to a customer. He was lifting a box of approximately 30 lbs when he noted a very sharp pain in his low back. Prior treatment history has included temporary improvement with anti-inflammatories, and physical therapy. The patient underwent bilateral L5-S1 transforaminal epidural steroid injection. Diagnostic studies reviewed include an MRI of the lumbar spine, dated 09/27/2012 which revealed: 1) disc bulge at L5-S1, with resultant mild spinal stenosis; 2) disc bulge at L4-5 without evidence of spinal stenosis; 3) disc bulge at L1-2 without evidence of spinal stenosis; 4) Grade I, 1-2 mm retrolisthesis of L5 on S1; 5) Mild right and severe left neuroforaminal narrowing at L5-S1; and 6) Mild facet spondylosis at L1-2, L2-3 and L3-4, moderate facet spondylosis at L4-5 and severe facet spondylosis at L5-S1. The Neurosurgical Progress Report, dated 10/02/2013 states that the patient had an acute injury in May 2012 and has had an exacerbating injury since including in July 2013, when he unhooked a water trailer. In the past several months, the patient has endorsed continued and progressive low back pain with radiation to bilateral buttocks in the posterior aspect of bilateral thighs, without radiation below the knees, but occasional numbness/tingling of feet. He also has endorsed ongoing severe muscle spasm in his low back and difficulty with prolonged sitting, standing, walking twisting, or bending activities. On examination, the patient indicated that he continued to have a mildly antalgic gait, with evidence of lumbar straining. His range of motion was limited secondary to pain and stiffness to 60 degrees of forward flexion and 10 degrees of extension and he had tenderness to palpation at L4 through S1 intervertebral spaces in addition to positive straight leg raise bilaterally at 60 degrees. His motor strength was intact with the exception of 5-/5 hip flexion bilaterally and associated with low back pain. There were no focal sensory deficits on examination of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR CORSET (WORK TYPE): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TWC, ODG TREATMENT INTEGRATED TREATMENT/DISABILITY DURATION GUIDELINES, LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOWER BACK, LUMBAR SUPPORTS.

Decision rationale: The Official Disability Guidelines indicate that lumbar supports are recommended 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 a conservative). The medical records document that the patient had progressive low back pain, with radiation to the bilateral buttocks in the posterior aspect of bilateral thighs, without radiation below the knees, but occasional numbness/tingling of the feet. On examination, the patient continued to have a mildly antalgic gait, with evidence of lumbar straining. The range of motion was limited secondary to pain and stiffness, motor strength was intact with the exception of 5-/5 hip flexion bilaterally and associated with low back pain. There were no focal sensory deficits on examination of the bilateral lower extremities. This patient could be classified as non-specific low back pain and therefore minimally meets the guideline above. Therefore, the request is medically necessary.