

Case Number:	CM13-0067876		
Date Assigned:	01/03/2014	Date of Injury:	08/14/2011
Decision Date:	07/02/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/18/2013

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 Internal 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 45 year old female who was injured on 08/14/2011. She sustained an injury when she bent down to get some supplies out of the closet; she felt a severe pain in the low back and right leg. The patient underwent a transforaminal epidural steroid injection at L3-L4, nerve block at L3 on 08/28/2013. Diagnostic studies reviewed include EMG/NCV dated 05/07/2013 revealed chronic L5 nerve root irritation on both sides; otherwise, normal findings. MRI of the lumbar spine without contrast 04/29/2013 revealed 1) Disc desiccation is noted at L3-L4 levels, 2) 6.0 to 7.0 mm asymmetric disc protrusion posterior and to the left at the L3-L4 levels and 3) There is a 3.0 to 4.0 mm concentric disc bulge at the L4-L5 levels. PR2 dated 07/29/2013 reports the patient had complaints of right lower extremity pain. She also reported numbness and tingling in the right lower extremity as well as a burning sensation. She stated she is unable to sleep as the pain wakes her up at night. She reported difficulty performing activities of daily living. She did have a pending authorization for an epidural steroid injection to the lumbar spine. She reported that she walks 30 to 45 minutes daily and this relieves her discomfort. Objective findings on exam revealed lumbar spine range of motion exhibits flexion to 55; extension to 15; and lateral flexion to 15 bilaterally. Straight leg raise test is positive bilaterally. She has pain and spasms noted in the lumbar spinous muscles with +2 tenderness. Sensation is decreased along the right extremity. Diagnoses are chronic lumbar spine strain/sprain with radiculitis into the right leg; and a large lumbar spine disc herniation with radiculitis confirmed by electrodiagnostic studies. Prior UR dated 11/20/2013 states the request for lumbosacral corset is non-certified, as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBOSACRAL CORSET: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar support. Other Medical Treatment Guideline or Medical Evidence: Occupational Medicine Practice Guidelines.

Decision rationale: According to the CA MTUS guidelines and ODG, Lumbar corset is not recommended. The Occupational Medicine Practice Guidelines recommend lumbar supports as an option for compression fractures or specific treatment of spondylolisthesis and documented instability. The clinical documents provided do not show the patient has a compression fracture or documented instability. The rationale and indication for the corset is not clear from the documents provided. There is a lack of discussion of standard conservative therapies which have been tried and failed. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.