

Case Number:	CM14-0108160		
Date Assigned:	08/01/2014	Date of Injury:	03/20/2012
Decision Date:	09/10/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/11/2014

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 Nevada. 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 records presented for review indicate that this 39-year-old gentleman was injured on March 20, 2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated June 9, 2014, indicates that there are ongoing complaints of low back pain, left knee pain, and right elbow pain. The physical examination demonstrated mild tenderness along the lumbar spine and decreased sensation at the left L3, L4, L5, and S1 dermatomes. There was decreased lumbar spine range of motion and a positive left-sided straight leg raise test. Diagnostic imaging studies of the lumbar spine dated May 7, 2014, revealed a 4 millimeter disc protrusion at L5/S1 as well as degenerative changes of the facet joints. A lower extremity nerve conduction study was normal. Previous treatment includes oral medications and twelve sessions of chiropractic therapy. A request was made for a posture lumbar orthosis, a flexible lumbar orthosis, and physical therapy for the lumbar spine for core strengthening and was not certified in the pre-authorization process on June 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postural Lumbar Orthosis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines the use of a lumbar support is not recommended for prevention and only for treatment of spondylolisthesis and documented instability. According to the available medical record there are no findings of spondylolisthesis or instability on objective studies. Therefore this request for a postural lumbar orthosis is not medically necessary.

Lumbar flexible Orthosis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines the use of a lumbar support is not recommended for prevention and only for treatment of spondylolisthesis and documented instability. According to the available medical record there are no findings of spondylolisthesis or instability on objective studies. Therefore this request for a flexible lumbar orthosis is not medically necessary.

Core Strengthening Therapy 2x a week 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: According to the American College of Occupational and Environmental Medicine the recommended physical therapy for the lower back includes 1 to 2 visits for education, counseling, and evaluation of a home exercise program focusing on range of motion and strengthening. Considering this, the request for core strengthening therapy twice a week for four weeks for the lumbar spine is not medically necessary.