

Case Number:	CM14-0012911		
Date Assigned:	02/24/2014	Date of Injury:	12/05/2013
Decision Date:	06/26/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/31/2014

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 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 injured worker is a 35 year old male with an injury reported on 12/05/2013. The mechanism of injury was noted as repetitive lifting, bending and squatting. The clinical note dated 01/13/2014, reported that the injured worker complained of increased pain to the bilateral knees and low back. Upon physical examination the injured worker had +4 spasms and tenderness to the bilateral lumbar paraspinal muscles from L1 to S1. The range of motion to the injured worker's lumbar spine demonstrated flexion to 35 degrees, extension to 15 degrees, left bending to 10 degrees and right bending to 15 degrees. It was noted the injured worker had a positive Kemp's test bilaterally, positive straight leg raise to the left, and Yeoman's test was positive bilaterally. The injured worker's diagnoses included lumbar spondylosis with myelopathy; thoracic spondylosis with myelopathy; tear of medial meniscus of the bilateral knees; chondromalacia patella of the bilateral knees. The provider requested lumbosacral orthosis (LSO) for stabilization to the lumbar spine and to promote healing. The request for authorization was submitted on 01/28/2014. The injured worker's prior treatments were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SUPPORT ORTHOSIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 9th Edition, Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The injured worker complained of increased pain to bilateral knees and low back. The range of motion to the injured worker's lumbar spine demonstrated flexion to 35 degrees, extension to 15 degrees, left bending to 10 degrees and right bending to 15 degrees. The injured worker's diagnoses included lumbar spondylosis with myelopathy. The provider requested lumbosacral orthosis (LSO) for stabilization to the lumbar spine and to promote healing. The CA MTUS/ACOEM guidelines state lumbar supports (corset) are not recommended for the treatment of low back disorders. The guidelines also state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There is a lack of clinical documentation of abnormal movement of the lumbar vertebrae indicating lumbar instability. It was noted the injured worker is able to perform his activities of daily living to include driving, climbing stairs, walking, and standing. In addition, lumbar support is not recommended per the guidelines; therefore, the request is not medically necessary.