

Case Number:	CM14-0016669		
Date Assigned:	04/11/2014	Date of Injury:	05/13/2010
Decision Date:	05/27/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/10/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 54 year old female injured on May 14, 2010. The clinical records provided for review included a July 9, 2013 pain management consultation by [REDACTED] where it was noted that the claimant sustained low back pain while performing his customary job duties. The records indicated conservative treatment since the injury has included medication management, activity modification and work restrictions. Currently, the documentation indicates that the claimant has multiple orthopedic complaints including the cervical spine, bilateral shoulder, right elbow and bilateral wrist hands, low back and bilateral knees. Physical examination by [REDACTED] showed restricted lumbar range of motion with painful endpoints of movement, paraspinous muscle tenderness to palpation, equal and symmetrical distal reflexes and weakness noted with ankle dorsi and plantar flexion at 4+/5 on the left compared to the right. There was diminished sensation to the left lateral calf with sensory pin prick testing. The examination of the neck and multiple other orthopedic subjective areas of complaints were not noted. Reviewed was a prior MRI report of 2012 of the lumbar spine that showed evidence of prior discectomy and apparent artificial disc placement at L4-5 with pedicle screw fixation. The electrodiagnostic studies dated April 9, 2013 showed evidence of chronic left L5 radiculopathy. The claimant was diagnosed with prior lumbar laminectomy and disc pain, radiculopathy and multiple joint complaints. Documentation of other forms of treatment were topical compound to include ketoprofen, Lidocaine. Request was also made for a lumbar brace for the claimants ongoing complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR CORSET: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter (ODG), Low Back Chapter, Lumbar Support; Back Brace, Post Operative (Fusion).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

Decision rationale: Based on California MTUS ACOEM Guidelines, the role of a lumbar brace in this instance would not be indicated. The individuals with a current diagnosis of "status post lumbar laminectomy with continued radiculopathy." At this time, there is no current diagnosis or indication on physical examination or imaging for the acute need of a lumbar corset. Lumbar corsets per guideline criteria have limited documented benefit beyond the initial phases of acute symptomatic flare. The role of the brace at this chronic stage in claimant's injury given current working diagnosis would not be indicated. The request for the Lumbar Corset is not medically necessary.