

Case Number:	CM14-0126468		
Date Assigned:	08/13/2014	Date of Injury:	06/10/2013
Decision Date:	09/22/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/09/2014

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 Orthopaedic Surgery 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:

This 32-year-old male sustained an industrial injury on 6/10/13. Injury occurred while lifting a trash can weighing 3 to 5 pounds. The patient was diagnosed with an acute disc herniation with extrusion at L4/5, right sided radiculopathy, annular tear L5/S1, right sacroiliac joint dysfunction, lumbosacral sprain/strain, bilateral L5 spondylolysis with mild anterolisthesis and left foraminal stenosis. Conservative treatment has included physical therapy, aquatic therapy, home exercise program, activity modification, TENS unit, and medications. The 6/12/14 treating physician report cited grade 7/10 low back pain with intermittent right lower extremity symptoms. Physical therapy to the lumbar spine had been provided for 24 visits with decreased axial low back pain but the radicular component was refractory. Medications allowed for greater function and activity level and significantly decreased pain and spasms. Objective findings documented lumbar paraspinal muscle tenderness and spasms, mild swelling, globally limited range of motion, diminished L4 and L5 dermatomal sensation, no motor deficit, and mildly antalgic gait. The treatment plan requested a diagnostic epidural steroid injection at L5/S1. Medications were dispensed. A retrospective request was submitted for lumbosacral orthotic to provide stability and facilitate improved standing and walking tolerance. The 7/10/14 utilization review denied the request for a lumbosacral orthosis as there was no guideline support relative to this patient's chronic lower back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Sacral Orthosis: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

Decision rationale: The California MTUS guidelines do not recommend the use of lumbar supports for the prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Guideline criteria have been met. There is documentation of a mild anterolisthesis. The use of a lumbar support to provide stability and facilitate improved standing and walking tolerance is reasonable. Therefore, this request is medically necessary.