

Case Number:	CM14-0131648		
Date Assigned:	09/10/2014	Date of Injury:	10/30/2013
Decision Date:	11/04/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/18/2014

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 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:

53 year old male claimant with an industrial injury dated 10/30/13. The patient is status post a L4-L5 laminectomy in 1997, and one at L3-L4 and L4-L5 in 2009. MRI of the lumbar spine dated 05/05/14 demonstrates at L3-L4 a right paracentral disc osteophyte with moderate stenosis of the right forearm. In addition there is left greater than the right disc herniations encroaching in to the lateral recess abutting the right greater than the left L5 nerve roots. Nerve conduction studies of 06/13/14 reveal severe bilateral S1 radiculopathy and L5 radiculopathy as well as diffuse peripheral neuropathy. Exam note 06/30/14 states the patient returns with back pain radiating down the right greater than the left leg. The patient has tried conservative treatments such as physical therapy, nonsteroidal anti-inflammatory drugs and analgesics and muscle relaxants. Upon physical exam the patient had a positive straight leg raise on the right at 60'-70' and 80'-90' on the left. The patient demonstrates a decreased heel and toe walking, along with a decreased knee bending with the right greater than the left. Sensation was noted at L3-L4 and L5 as decreased. The patient had 4/5 right greater than left weakness and ankle inversion. Diagnosis is noted as left paracentral disc herniation displacing the left S1 nerve root at L5-S1. Treatment includes L4-S1 global fusion and L3-L4 laminectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO sag-coronal panel prefab: Upheld

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): 301.

Decision rationale: CA MTUS/ACOEM guidelines, Chapter 12, page 301 states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." In this case the exam note from 6/30/14 demonstrates chronic back pain and no evidence of acute pain. Therefore the request does not meet recommended guidelines and determination is not medically necessary.