

Case Number:	CM14-0021926		
Date Assigned:	05/09/2014	Date of Injury:	02/29/2008
Decision Date:	07/10/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/21/2014

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:

The injured worker is a 50-year-old male who reported an date injury of 2/29/08 to his low back. The clinical note dated 08/19/13 indicates the injured worker having previously undergone a posterior fusion at L3-4 and L4-5 on 02/14/12. There is an indication that the injured worker has undergone three (3) epidural steroid injections, which did provide temporary relief. The note does indicate the injured worker having undergone a computerized tomography (CT) scan of the lumbar spine, which revealed a solid fusion. The note does indicate the injured worker demonstrating range of motion deficits throughout the lumbar spine to include 45 degrees of lumbar flexion, 15 degrees of extension, and 20 degrees of bilateral lateral bending. Reflex deficits were identified at both Achilles. Minimal strength deficits that were rated as 5-/5 were identified throughout both lower extremities. The clinical note dated 09/16/13 indicates the injured worker complaining of low back pain with radiating pain into both lower extremities. The note does indicate the injured worker having previously undergone a hardware block at L3, L4, and L5 on 05/23/13, which did provide 70% relief of the low back pain for up to four (4) days. However, the injured worker continued with 9/10 pain. The note indicates the injured worker utilizing Norco for pain relief. Range of motion deficits continued throughout the lumbar spine. Minimal strength deficits were also identified. The clinical note dated 11/18/13 indicates the injured worker having undergone removal of the pedicle screw hardware and a revision fusion on 10/17/13. The note does indicate the injured worker having significant difficulty sleeping at night secondary to the pain. The utilization review dated 01/24/14 resulted in a denial for a corset, protective body sock, and an lumbar sacral orthosis (LSO) as inadequate information had been submitted regarding the injured worker's recent fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR LUMBAR SACRAL ORTHOSIS (LSO)
SAGGITAL- CORONAL- PANEL PREFABRICATED:** Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter, Lumbar support.

Decision rationale: The documentation indicates the injured worker having undergone a two (2) level fusion in 2012. There is also an indication that the injured worker underwent a revision. No information was submitted regarding the injured worker's recent fusion in the lumbar region. The use of a lumbar sacral orthosis (LSO) is generally indicated as part of the postoperative care. Given the time frame involved, it does not appear that the injured worker would likely benefit from the use of an LSO at this time. Therefore, this request is not indicated as medically necessary.

**RETROSPECTIVE REQUEST FOR LUMBAR SACRAL ORTHOSIS (LSO) FULL
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 (ODG), Low Back Chapter, Lumbar Supports.

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 Chapter, Lumbar support.

Decision rationale: The documentation indicates the injured worker having undergone a two (2) level fusion in 2012. There is also an indication that the injured worker underwent a revision. No information was submitted regarding the injured worker's recent fusion in the lumbar region. The use of a lumbar sacral orthosis (LSO) is generally indicated as part of the postoperative care. Given the time frame involved, it does not appear that the injured worker would likely benefit from the use of an LSO at this time. Therefore, this request is not indicated as medically necessary.

**RETROSPECTIVE REQUEST FOR PROTECTIVE BODY SOC/EA FOR THE
LUMBAR SPINE:** Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary request is not medically necessary, none of the associated services are medically necessary.