

Case Number:	CM14-0046970		
Date Assigned:	07/02/2014	Date of Injury:	06/03/2008
Decision Date:	08/22/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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 63-year-old female with a reported date of injury on 06/03/2008. The mechanism of injury was not provided within the documentation available for review. The injured worker's diagnoses included lumbar radiculitis and insomnia. The previous conservative care included physical therapy, and the injured worker has been referred for lumbar surgery. The MRI of the lumbar spine revealed a large extruded herniated disc in L4-L5 towards the right side. The injured worker presented with spasms, positive straight leg raise on the right and decrease sensation in L4-L5. Upon physical examination the injured worker's lumbar spine range of motion revealed flexion to 60 degrees, and extension to 10 degrees. The physician indicated that the injured worker was not utilizing medications. The treatment plan included lumbar corset and holding off on giving the patient any medications because he was not utilizing pain medications. The rationale for the request was not provided within the documentation available for review. The retrospective Request For Authorization for review for lumbar sacral arthrosis (LSO) sag-coronal panel prefab dispensed 12/19/2013 for the low back was submitted, signed but not dated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for Lumbar-Sacral Orthosis (LSO) sag-coronal panel prefab dispensed 12/19/2013 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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, Lumbar Supports.

Decision rationale: The Official Disability Guidelines recommend lumbar supports as an option for compression fractures and specific treatment of spondylolisthesis, documented instability and for treatment of nonspecific low back pain. For the treatment of nonspecific low back pain, compared with no lumbar support an elastic lumbar belt maybe more effective than no belt on improving (measured by visual analog scale) and at improving functional capacity, measured by Eifel score). The documentation provided for review lacks the utilization of the Visual Analog Scale (VAS) for pain. There is a lack of documentation as the injured worker having compression fractures or spondylolisthesis, or documented instability. In addition, the request as submitted failed to provide a frequency and directions for use. Therefore, the request for retrospective review for lumbar sacral orthosis (LSO) sag-coronal panel prefab dispensed 12/19/2013 for the low back is not medically necessary.