

Case Number:	CM14-0064472		
Date Assigned:	07/11/2014	Date of Injury:	12/27/2007
Decision Date:	09/16/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/07/2014

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 Nevada. 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 records presented for review indicate that this 68 year-old individual was reportedly injured on 12/27/2007. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated 6/16/2014, indicates that there are ongoing complaints of neck and low back pain that radiates down right lower extremity. The physical examination on the cervical spine reveals: mild torticollis to the right, head compression sign is positive, Spurling's maneuver is positive to the right; positive tenderness and muscle spasm at rest and with range of motion to the right; pain with scapular retraction; right scapula has swelling/inflammation; full range of motion with pain; some decreased muscle strength bilateral upper extremities, slight decreased sensation C-5-6 dorsal aspect of the hand C6-7 volar aspect of the form and palm. the examination on the lumbar spine reveals: positive tenderness to palpation paraspinal musculature of the lumbar region on the right; midline tenderness is noted; positive muscle spasm; limited range of motion; right sacroiliac tenderness with compression, right sciatic nerve compression positive, straight leg raise is positive on the right seated 50, supine at 60; lower extremity muscle strength 4-5/5, reflexes 2 equal bilaterally, decreased sensation on the right dorsal aspect of the foot and posterior lateral aspect of the. No recent diagnostic studies are available for review. Previous treatment includes acupuncture, medication, and conservative treatment. A request had been made for lumbar spine support and was not certified in the pre-authorization process on 4/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kronos Lumbar Spine Support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (electronically sited).

Decision rationale: ACOEM Treatment Guidelines do not support the use of a lumbar-sacral orthosis (LSO) or other lumbar support devices for the treatment or prevention of low back pain except in cases of specific treatment of spondylolisthesis, documented instability, or postoperative treatment. The patient is currently not in an acute postoperative setting and there is no documentation of instability or spondylolisthesis with flexion or extension plain radiographs of the lumbar spine. As such, this request for a Kronos Lumbar Spine Support is not considered medically necessary.