

<b>Case Number:</b>	CM14-0090224		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/22/2011
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Surgeon 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 54-year-old male who reported an injury on 11/01/2010. The mechanism of injury was not provided. Diagnoses included lumbar spine with radiculopathy, and lumbar spine sprain/strain, chronic, with multilevel disc protrusions. Past medical treatment has included medications, physical therapy, and epidural steroid injections. Diagnostic testing included an MRI scan of the lumbar spine performed on 04/10/2012, and EMG/nerve conduction study on 03/20/2012. The EMG report stated had revealed a left sided radiculopathy. There was no pertinent surgery documented. The patient complained of pain to the lumbar spine on 07/26/2013, described as aching, burning, and throbbing. The patient notes radiation of pain along the posterolateral aspect of the left leg, affecting all toes in the left foot. Aggravating factors include prolonged sitting, standing, walking, bending, lifting, twisting, and stooping. On examination of the back and lower extremities, the patient walked with a limp. There were no paralumbar spasms present. Range of motion with flexion to 2 feet from fingertips to toes, extension to 50, right lateral bending, and left lateral bending to 50. Sensory examination revealed diminished sensation to pinprick in the entire left leg. There was a positive straight leg raising test on the right at 75 degrees from low back pain and positive on the left at 45 degrees for low back pain. Medications were not provided. The treatment plan is for hospital stay for 2 to 3 days, and a lumbar corset. The rationale for the request was not provided. The Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hospital stay for 2 - 3 days:** 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 (updated 05/12/14) Hospital length of stay (LOS)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar, Hospital length of stay (LOS)

**Decision rationale:** The request for 2-3 Day In-Patient Hospital Stay is not medically necessary. The patient complained of pain to the lumbar spine on 07/26/2013, described as aching, burning, and throbbing. The Official Disability Guidelines state hospital length of stay (LOS) guidelines for Discectomy/ Corpectomy is median 1 day; mean 2.1 days and Best practice target (no complications) 1 day. While a stay in hospital would be medically necessary, there are no extenuating circumstances that provide a rationale to exceed the guidelines of maximum number of days. The request exceeds the guidelines. Therefore, the request is not medically necessary.

**Lumbar corset:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 05/12/14) Back brace, post operative (fusion)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297-298.

**Decision rationale:** The request for Lumbar corset is not medically necessary. The patient complained of pain to the lumbar spine on 07/26/2013, described as aching, burning, and throbbing. The California/ ACOEM guidelines state there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high quality studies. There is no rationale as to the reason for this treatment. The guidelines do not support the request. Therefore, the request for Lumbar corset is not medically necessary.