

Case Number:	CM13-0034273		
Date Assigned:	06/09/2014	Date of Injury:	03/11/2011
Decision Date:	02/12/2015	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/15/2013

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 Internal Medicine, 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 patient is an injured worker with a history of lumbar spine surgery. Date of injury was March 11, 2011. The orthopaedic spine surgery consultation report dated April 25, 2013 documented that the patient was involved in his usual and customary job duties when he injured his low back and left lower extremity on March 11, 2011. He reports that he was driving his truck, when his truck hit a very large pothole. He reports that he was jarred in his seat, and experienced low back and left-sided buttock pain. He subsequently developed the onset of left lower extremity pain, mainly in his left foot. The patient has undergone a left-sided L5-S1 hemilaminotomy and microdiscectomy performed on August 2012. He has also undergone left knee arthroscopic surgery on March 2010. Physical examination demonstrated lumbar scar and low back tenderness. Diagnoses were L4-L5 moderate central stenosis and L5-S1 large herniated disc with severe central stenosis and severe left-sided foraminal stenosis with chronic left lower extremity L5 and SI radiculopathy, L4-L5 and L5-S1 severe degenerative disc disease with chronic low back pain, left-sided L5-S1 hemilaminotomy and microdiscectomy performed on September 2012. The electrodiagnostic report dated March 7, 2013 documented that motor and sensory nerve conduction studies are performed using surface stimulation and surface recording techniques. The lower limbs are warm for testing. Nerves are tested in both lower limbs. Sural sensory amplitudes and distal latencies are normal. Tibial motor and peroneal motor nerves show normal amplitudes, distal latencies, nerve conduction velocities. Muscles are tested proximally and distally in lower limbs as well as lumbar paraspinal muscles. One run of fibrillation potentials are seen in L5 innervated muscles, Abnormalities in motor unit potential configuration and decreased recruitment are seen in the corresponding muscles tested. Specific results are tabulated on the attached sheets. One run of fibrillation potential was noted during this study. Possible left L5 radiculopathy was noted. The primary treating physician's progress report dated

August 15, 2013 documented low back pain and lower extremity pain. The patient consented to proceed with a lumbar 4 through sacral 1 anterior interbody fusion using polyetheretherketone interbody cages and allograft bone graft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar back wrap (purchase) #1 (one): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation MTUS ACOEM Practice Guidelines, 3rd Edition; Low Back Disorders pages 333-796 Table 2: Summary of Recommendation by Low Back Disorder, <http://www.guideline.gov/content.aspx?id=38438>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses lumbar supports. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 301) states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ACOEM 3rd edition occupational medicine practice guidelines (2011) state that lumbar supports are not recommended for the treatment of low back disorders. Lumbar supports are not recommended for prevention of low back disorders. Medical records document a history of low back conditions. MTUS and ACOEM guidelines do not support the medical necessity of lumbar supports. Therefore, the request for lumbar back wrap (purchase) #1 (one) is not medically necessary.