

Case Number:	CM14-0205468		
Date Assigned:	12/17/2014	Date of Injury:	04/14/2004
Decision Date:	02/05/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/08/2014

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 Emergency 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 injured worker is a 45 year-old female, who sustained an injury on April 14, 2004. The mechanism of injury is not noted. Diagnostics have included: July 21, 2014 lumbar MRI reported as showing multilevel disc disease. Treatments have included: lumbar fusion, physical therapy, medications. The current diagnoses are: s/p lumbar fusion, chronic low back pain, lumbar degenerative disc disease, left patella chondromalacia. The stated purpose of the request for Lumbar corset was not noted. The request for Lumbar corset was denied on November 12, 2014, citing a lack of documentation of medical necessity. The stated purpose of the request for Canadian crutches was not noted. The request for Canadian crutches was denied on November 12, 2014, citing a lack of documentation of medical necessity. Per the report dated September 11, 2014, the treating physician noted complaints of low back pain. Exam showed restricted and painful lumbar range of motion with spasm and tenderness, positive bilateral straight leg raising tests, decreased sensation bilaterally at L4-5 and L5-1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar 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), Lumbar supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 301, notes "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also notes "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker has low back pain. The treating physician has documented restricted and painful lumbar range of motion with spasm and tenderness, positive bilateral straight leg raising tests, decreased sensation bilaterally at L4-5 and L5-1. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, Lumbar corset is not medically necessary.

Canadian crutches: 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), Walking Aids (canes, crutches, braces, orthoses, and walkers)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Section, Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: CA MTUS is silent and ODG: Knee Section, Walking aids (canes, crutches, braces, orthoses, & walkers) recommend crutches for ambulatory issues related to osteoarthritis. The injured worker has low back pain. The treating physician has documented restricted and painful lumbar range of motion with spasm and tenderness, positive bilateral straight leg raising tests, decreased sensation bilaterally at L4-5 and L5-1. The treating physician has not documented issues with ambulation nor the presence of osteoarthritis. The criteria noted above not having been met, Canadian crutches are not medically necessary.