

Case Number:	CM15-0108718		
Date Assigned:	06/15/2015	Date of Injury:	12/07/2000
Decision Date:	07/14/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Family Practice

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 66 year old male, who sustained an industrial/work injury on 12/7/00. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbar radiculitis and sacroiliac sprain and strain and post laminectomy syndrome. Treatment to date has included medication, surgery (lumbar laminectomy and discectomy of L4-5, L5-S1 in 2001). X-Rays results were reported on 5/15/15 documented L5-S1 retrolisthesis of S1 30 percent and with extension about 50 percent. Currently, the injured worker complains of ongoing back pain that is constant with frequent referral down bilateral legs to the heels. There is deep burning, aching sensation that can be stabbing in the back with pins and needles to the legs. Per the primary physician's progress report (PR-2) on 5/15/15, examination noted a stooped, wide based stance, mild swelling of the lumbar spine, restricted range of motion with flexion limited to 35 degrees but normal extension, right lateral bending, left lateral bending and lateral rotation to the left. There is tenderness in the paravertebral muscles and spinous process tenderness on L4 and L5, over the piriformis muscle on the left side, and over the sacroiliac joint on the left side. Current plan of care included stabilization of the spine being a poor surgical candidate. The requested treatments include LSO (Lumbar Sacral Orthosis).

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Lumbar Sacral Orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The MTUS/ACOEM guidelines provide a summary of the treatment options for patients with low back complaints. This chapter includes Table 12-8, which provides a summary of the evidence and recommendations for a variety of treatment options, including the use of a lumbar support device (also known as a lumbar sacral orthosis). These guidelines state that the use of a lumbar support for treatment is not recommended. In this case, there is insufficient documentation to determine the specific rationale for the use of a lumbar support device. Given the above-cited MTUS recommendations, the use of a LSO (Lumbar Sacral Orthosis) is not medically necessary.