

Case Number:	CM15-0145190		
Date Assigned:	08/06/2015	Date of Injury:	08/19/2004
Decision Date:	09/02/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: Physical Medicine & Rehabilitation

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 58-year-old female who sustained an industrial injury on 08-19-2004. The injured worker was diagnosed with cervical discogenic disease with radiculopathy, lumbar discogenic disease L4-S1 radiculopathy and bilaterally carpal tunnel syndrome. The injured worker is status post C4-7 cervical fusion (no date documented). Treatment to date has included diagnostic testing, surgery, physical therapy, lumbar corset and medications. The injured worker has been authorized for a lumbar fusion. According to the primary treating physician's progress report on May 28, 2015, the injured worker continues to experience neck and low back pain with 50% relief with medications. Examination of the lumbar spine demonstrated spasm with limited range of motion. Straight leg raise to 40 degrees was positive bilaterally. Lasegue's was positive. There was decreased sensation L4-S1 bilaterally. Examination of the cervical spine noted tenderness in the right trapezius with positive Tinel's and Phalen's signs right wrist greater than left wrist. Two-trigger point injection were administered to the lumbar spine at the office visit. The injured worker received authorization for an anterior posterior lumbar fusion. Current medications are listed as Percocet 10mg-325mg, Neurontin, Flexeril, Anaprox and Prilosec. Treatment plan consists of transportation to medical and ancillary appointments, continuing with medication regimen, scheduling lumbar fusion, Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the bilateral upper extremities and the current request for a new lumbar corset.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back, Lumbar brace, page 301.

Decision rationale: There is no indication of instability, compression fracture, or spondylolisthesis precautions to warrant a lumbar support beyond the acute injury phase. Reports have not adequately demonstrated the medical indication for the back corset. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for a lumbar corset cannot be medically recommended. CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This claimant is well beyond the acute phase for this chronic injury. In addition, ODG states that lumbar supports are not recommended for prevention and is under study for the treatment of nonspecific LBP and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and post-operative treatment, not demonstrated here. The Lumbar corset is not medically necessary and appropriate.