

Case Number:	CM15-0180229		
Date Assigned:	09/22/2015	Date of Injury:	07/18/1989
Decision Date:	12/08/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 70 year old male sustained an industrial injury on 7-18-89. Documentation indicated that the injured worker was receiving treatment for lumbar degenerative disc disease with facet spondylosis with stenosis, disc protrusion and lower extremity radiculitis. Recent treatment consisted of medication management. In a progress note dated 9-2015, the injured worker complained of slightly increased low back pain with radiation down both legs, associated with numbness, tingling, cramping and bilateral leg swelling. The injured worker reported a recent 18 pound weight loss after being hospitalized for gallstones. The injured worker was waiting to be scheduled for cholecystectomy. The injured worker was requesting a new lumbosacral support as the old one was wearing out. Physical exam was remarkable for minimal tenderness to palpation to the lumbar paraspinal musculature and sacroiliac joints, moderate plus tenderness to palpation over the spinous process especially at the lumbosacral junction, restricted lumbar spine range of motion: flexion 30 degrees, extension 5 degrees, rotation 30 degrees and bilateral lateral bend 15 degrees, absent deep tendon reflexes at the ankles and knees, 5 out of 10, 5 lower extremity motor strength and positive bilateral straight leg raise. The treatment plan included a psychiatric evaluation for lumbar spine surgery clearance, a new lumbosacral support and continuing medications (Mobic, Norco, BioFreeze gel, Restoril and Xanax). On 9-14-15, Utilization Review noncertified a request for a new lumbosacral support.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 new lumbosacral support: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Lumbar supports.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, 1 new lumbosacral support is not medically necessary. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended or prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Additionally, lumbar supports do not prevent low back pain. In this case, the injured worker's working diagnoses are degenerative lumbar/lumbosacral IV disc; lumbosacral spondylosis; displaced lumbar intervertebral disc; spinal stenosis lumbar; unspecified thoracic/lumbar neuritis/radiculitis. Date of injury is July 18, 1989. Request for authorization is September 4, 2015. According to a September 2, 2015 progress note, the injured worker has ongoing low back pain with pain in the bilateral legs. Lumbosacral surgery was denied. The injured worker is awaiting a psychological evaluation. The documentation indicates the injured worker has an existing lumbosacral corset, but is wearing out. There is no documentation demonstrating objective functional improvement with the existing corset. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended or prevention. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement with the existing lumbar corset and guideline non recommendations in the chronic phase, 1 new lumbosacral support is not medically necessary.