

Case Number:	CM15-0191709		
Date Assigned:	10/05/2015	Date of Injury:	10/24/2012
Decision Date:	11/12/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/29/2015

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:

The injured worker is a 42 year old male, who sustained an industrial-work injury on 10-24-12. He reported initial complaints of lower backache. The injured worker was diagnosed as having muscle spasm, lumbar facet syndrome, lumbar radiculopathy, lateral epicondylitis, knee pain, and low back pain. Treatment to date has included medication and diagnostics. MRI results were reported on 12-10-12 of the left knee had no significant findings. EMG-NCV (electromyography and nerve conduction velocity test) were reported on 12-19-12 was normal. X-rays were reported on 10-24-12 of the left femur was negative. Currently, the injured worker complains of backache rated 5 out of 10 and without medication at 7 out of 10. Sleep quality was affected. Medications were Pepcid, Ibuprofen, Ultram, and Skelaxin and tolerated well. Per the primary physician's progress report (PR-2) on 9-4-15, exam noted normal gait, range of motion was restricted for the lumbar spine, paravertebral muscle tenderness and tight muscle band on the left noted, tenderness to the spinous process on the L4-L5, positive facet loading, positive straight leg raise on the left side, and tenderness over the left gluteus medius and piriformis. The Request for Authorization requested service to include Retrospective request for LSO SAG-Coronal panel prefab for the lumbar spine DOS 09/04/2015. The Utilization Review on 9-22-15 denied the request for Retrospective request for LSO SAG-Coronal panel prefab for the lumbar spine DOS 09/04/2015, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Low back Complaints 2004, and Official Disability Guidelines, Low Back Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for LSO SAG-Coronal panel prefab for the lumbar spine DOS 09/04/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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, retrospective LSO SAG-Coronal panel prefabricated for the lumbar spine September 4, 2015 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 left lumbar radiculopathy; lumbar facet syndrome; left lateral epicondylitis; and left knee pain. Date of injury is October 24, 2012. Request for authorization is September 9, 2015. According to a September 4, 2015 progress note, subjective complaints include backache for the pain score 5/10. The activity level has remained the same. Objectively, range of motion is decreased with extension. There is tenderness to palpation L4 - L5 with no instability. The injured worker works full-time and attends the gym several times per week. The utilization review provider spoke with the assistant to the provider. The assistant explained the LSO brace was dispensed for spondylolisthesis compression fracture and instability. However, there was no information provided as to why the brace would be needed after three years. 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 of clinical instability of the lumbar spine, documentation of a three-year-old injury in an injured worker who attends the gym several times a week and works full-time, retrospective LSO SAG-Coronal panel prefabricated for the lumbar spine September 4, 2015 is not medically necessary.