

Case Number:	CM15-0199927		
Date Assigned:	10/15/2015	Date of Injury:	08/18/2015
Decision Date:	11/24/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 claimant is a 56 year old male with date of injury on August 18, 2015. The injured worker was undergoing treatment for back pain, lumbar sprain, lumbar radiculopathy and mild lumbar spondylosis. According to the progress note of August 18, 2015, the objective findings were no joint tenderness, deformity or swelling. The back exam was normal with no midline tenderness. There was tenderness to palpation on the left. According to progress note of September 23, 2015, the injured worker's chief complaint was constant central low back pain which extended to the left leg and foot. The pain increased with sitting and standing. The objective findings were decreased range of motion in all planes. The straight leg raises were positive at 20 degrees in the left lower extremity. The injured worker previously received the following treatments Ibuprofen, Norco for severe pain, occupational therapy, low force spinal manipulation improved lumbar pelvic biomechanics, physical therapy modalities as needed for ultrasound, infrared to reduce spasms and home exercise program. The RFA (request for authorization) dated September 25, 2015; the following treatments were requested for a lumbar spine MRI without contrast for re-evaluation and lumbar support belt for lumbar support. The UR (utilization review board) denied certification on October 7, 2015; for a lumbar spine MRI without contrast and a lumbar support belt.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of one lumbar support belt: Upheld

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

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-Lumbar & Thoracic (Acute & Chronic), Lumbar supports American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

Decision rationale: The claimant sustained a work injury in August 2015 when, while working in the laundry, she was struck from behind by a metal container. When seen, she was having constant low back pain extending to the left leg and foot. Physical examination findings included decreased lumbar spine range of motion with pain. There was left low back and leg pain with all motions. There was decreased left lower extremity sensation. She had been unable to fully comply with physical therapy treatments due to back pain. She had no improvement after 6 treatments. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone a recent fusion. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support is not medically necessary.

MRI of the lumbar spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in August 2015 when, while working in the laundry, she was struck from behind by a metal container. When seen, she was having constant low back pain extending to the left leg and foot. Physical examination findings included decreased lumbar spine range of motion with pain. There was left low back and leg pain with all motions. There was decreased left lower extremity sensation. She had been unable to fully comply with physical therapy treatments due to back pain. She had no improvement after 6 treatments. An MRI of the lumbar spine can be recommended in a patient when there is radiculopathy after at least one month conservative therapy. In this case, the claimant has left lower extremity radicular pain with all spinal movements and physical examination findings of decreased left lower extremity sensation. She had no improvement after 6 sessions of physical therapy which was poorly tolerated. The requested MRI scan is medically necessary.

