

Case Number:	CM15-0047705		
Date Assigned:	03/19/2015	Date of Injury:	05/10/2010
Decision Date:	04/24/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/13/2015

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 was a 34 year old male, who sustained an industrial injury, May 10, 2010. The injured worker previously received the following treatments 24 chiropractic sessions, 8 acupuncture sessions, 24 physical therapy sessions, 1 bilateral thoracic facet epidural steroid injection, Flexeril, Norco, Prilosec, Naproxen, Capsasin cream, Tylenol, Advil, Ibuprofen, Lidoderm Patches, Gabapentin, Nortriptyline, Terocin Patches, Tizanidine and lumbar corset. The injured worker was diagnosed with HPN (herniated nucleus pulposus) of the lumbar spine, lumbar radiculopathy, possible cervical radiculopathy, bilateral knee arthralgia, bilateral ankle arthralgia and bilateral hip arthralgia. According to progress note of January 19, 2015, the injured workers chief complaint was neck and low back pain. The injured worker rated the pain as 6-7 out of 10 for the neck and lower back. The injured worker was also having right and left shoulder pain. The injured worker described the neck pain as achy with needles and pins that radiate to the shoulders. The low back pain was like needles and pins and aching pain radiating into the lower extremities. The injured worker had to sit hunched over due to low back pain. The injured worker wears a lumbar corset for support. The injured worker was expressing interventional treatment of injections and surgery. The physical exam noted an antalgic gait with abnormal heel and toe walk. There was tenderness noted over the thoracic spine midline and at the bilateral lumbar paraspinals, left worse than the right. There was spasm of the bilateral lumbar spine, left greater than the right. The straight left test was positive on the bilateral as well as the Slump test. The Spurling's test was positive bilaterally eliciting neck pain and shoulder

blade pain. The treatment plan included lumbar spine MRI and LSO brace due to continued low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE: 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): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the Official Disability Guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are lumbar radiculopathy; lumbar herniated disc; lumbar spinal stenosis; lumbar spondylosis without myelopathy; lumbar degenerative disc disease; and lumbago. The injured worker had an MRI May 21, 2011. The MRI showed degenerative disc disease with retrolisthesis L4 - L5 and L5 - S1; L4 - L5 mild to moderate canal stenosis is seen with mild caudal bilateral neural foramina narrowing. An EMG of the lower extremities dated January 23, 2014 was normal. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Objectively, there were no significant physical findings noted on examination. Additionally, follow-up examination dated February 9, 2015 showed a normal neurologic evaluation. The guidelines state unequivocal objective findings that identify specific nerve compromise are sufficient to warrant imaging in patients not responding to treatment. There are no unequivocal objective neurologic abnormalities noted on examination. Consequently, absent clinical documentation with a significant change in symptoms and objective findings, in addition to an MRI performed May 21, 2011, MRI lumbar spine is not medically necessary.

LSO BRACE: 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): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Lumbar support.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, LSO brace 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 to not prevent low back pain. In this case, the injured worker's working diagnoses are lumbar radiculopathy; lumbar herniated disc; lumbar spinal stenosis; lumbar spondylosis without myelopathy; lumbar degenerative disc disease; and lumbago. The treating physician's clinical rationale for ordering the LSO brace referenced "due to difficulty with ambulation." 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. Consequently, absent guideline recommendations for an LSO brace, LSO brace is not medically necessary.