

Case Number:	CM15-0050234		
Date Assigned:	03/23/2015	Date of Injury:	04/08/2013
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/17/2015

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 38-year-old female who sustained an industrial injury on 4/8/13. The injured worker reported symptoms in the back. The injured worker was diagnosed as having low back pain rule out lumbar bulging disc, lumbar disc displacement and lumbar radiculopathy. Treatments to date have included physical therapy, epidural steroid injection, activity modification, heat/ice application, nonsteroidal anti-inflammatory drugs, muscle relaxants and therapeutic exercises. Currently, the injured worker complains of lower back pain. The plan of care was for a lumbar spine brace, magnetic resonance imaging and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine w/o contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter; Magnetic resonance imaging.

Decision rationale: According to the 01/09/2015 report, this patient presents with pain in the low back that radiates to the bilateral buttocks and pain in the bilateral groin. The current request is for a "New" Magnetic resonance imaging (MRI) of the lumbar spine w/o contrast "to see if there has been progression of her lumbar disc disease." The request for authorization is on 01/16/2015. The patient's work status is to return to modified work on 01/19/2015 with restriction. Regarding repeat MRI study, ODG states, "is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Based on the available medical reports provided, the patient's symptoms have worsened after the lumbar epidural on 12/26/2014. However, there is no neurologic deterioration such as new weakness; no red flags such as bowel bladder symptoms; no significant change in the examination provided for review. There is not mention of new injury to warrant an updated MRI. The medical necessity cannot be substantiated at this time; therefore, this request is not medically necessary.

Lumbar spine 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): 301. Decision based on Non-MTUS Citation Official disability guidelines, Low Back chapter: lumbar supports.

Decision rationale: According to the 01/09/2015 report, this patient presents with pain in the low back that radiates to the bilateral buttocks and pain in the bilateral groin. The current request is for a Lumbar spine brace. The ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines regarding lumbar supports states "not recommended for prevention", however, "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific lower back pain (very low quality evidence but may be a conservative option)." In this case, the patient does not present with fracture, instability or spondylolisthesis to warrant lumbar bracing. The guidelines support the use of a lumbar brace in the acute phase of care and this patient is in the chronic phase of care. Therefore, the request is not medically necessary.