

Case Number:	CM15-0077452		
Date Assigned:	04/29/2015	Date of Injury:	10/08/2014
Decision Date:	10/13/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/23/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 63 year old male, who sustained an industrial injury on 10-8-2014. The injured worker was diagnosed as having L3 compression fracture, and lumbar spine degenerative disc disorder. The request for authorization is for: magnetic resonance imaging of the lumbar spine without contrast, and DME: bone stimulator use (duration not specified); and new LSO brace. The UR dated 3-23-2015: non-certification of magnetic resonance imaging of the lumbar spine without contrast, and DME: bone stimulator use (duration not specified); and new LSO brace. On 3-10-2015, he reported low back pain. He rated his pain 2-4 out of 10 and indicated it to be sharp and stabbing with radiation into the buttocks, bilateral thigh dot the calves. He indicated there was numbness and tingling in the bilateral thighs, calves, and toes. A brace is reported to "give benefit" and more pain when not using it. He is noted to have been using a bone stimulator for several months at night. He is seen using a walker for ambulation and is reported to only ambulate short distances. Physical findings revealed tenderness and spasms in the lumbar spine area. The provider noted that x-rays of the lumbar spine on 3-10-2015 revealed a compression fracture. The treatment and diagnostic testing to date has included: x-rays of the lumbar spine, CT scan, magnetic resonance imaging, and lumbar spine brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective new LSO brace: 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 supports.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's was several months ago. The claimant already had a brace. Length of use was not specified nor the justification for a new brace. The progress note in March 2015 mentioned discontinuation of the brace. The new back brace is not medically necessary.

Retrospective MRI of the lumbar spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case, the claimant had a compression fracture on x-ray with decreased disc height. There was decreased sensation on exam. The request for the MRI is medically necessary.

Retrospective bone stimulator, use duration not specified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Bone growth stimulators.

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 chapter and pg 13.

Decision rationale: According to the guidelines, bone growth stimulators are under study due to conflicting evidence for their benefit. Although a bone stimulator may be beneficial, the request does not specify length of use. Indefinite use is not recommended. The request for the bone stimulator is not justified and not medically necessary.