

Case Number:	CM14-0121918		
Date Assigned:	09/16/2014	Date of Injury:	08/29/2011
Decision Date:	11/07/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41-year-old man who reportedly injured his neck and lower back on August 29, 2011 when lifting a piece of granite counter top. Diagnosis was herniated nucleus pulposus with lumbar radiculopathy. The IW was status post decompression and fusion of L5-S1 on July 3, 2014. There was no documented past medical history. The Initial Spine Evaluation dated May 20, 2014 indicated the following: The IW presented for an initial visit complaining of low back pain radiating to the right leg as well as neck pain. He states that it started 3 years ago and he has had minimal improvements despite anti-inflammatories, physical therapy, and epidural injections. The IW denies any past medical history. He takes Naprosyn for pain. Past surgical history for kidney stones. He smokes but denies alcohol or the use of drugs. Evaluation of the lumbar spine reveals tenderness to palpation over the paraspinal musculature. Inspection reveals normal lordosis. Flexion is 60/60 degrees and extension is 25/25 degrees. Right bend is 25/25 degrees and left bend is 25/25 degrees. There is no tenderness to palpation over the spinous processes. There is diminished sensation over the right S1 dermatome. There are 2+ reflexes in the patellae and Achilles. Negative Achilles clonus. There is a positive SLR sign on the right side. Lumbar MRI reports L5 through S1 disc herniation that is 8 mm in size. Plan: Since the IW failed conservative treatment with anti-inflammatories, PT, and epidural injections for years and has neurological deficit that is concordant with MRI findings, the recommendation was made for an L5 through S1 decompression and possible fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Garment - Purchase: 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) - Treatment in Workers' Compensation (TWC) 18th Edition, 2013 Updates Compression garments

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Updates- Compression Garments

Decision rationale: Pursuant to the Official Disability Guidelines, the lumbar garment purchase is not medically necessary. In this case, the injured worker is a 41-year-old man who injured his neck and lower back in August 2011. He was diagnosed with herniated disc associated with lumbar radiculopathy. The injured worker underwent decompression and fusion at a single level L5 - S1. There was no past medical history noted in the medical record, specifically no history of deep vein thrombosis (DVT). Consequently, with no history of DVT and a lumbar fusion at a single level, the lumbar garment is not medically necessary. Based on the clinical information in the medical record and the peer reviewed, evidence based guidelines, the lumbar garment is not medically necessary and appropriate.