

<b>Case Number:</b>	CM14-0123571		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	07/07/2010
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review indicate that this 41 year-old male was reportedly injured on 7/7/2010 while apprehending a prison inmate. The previous utilization review referenced a progress note dated 7/7/2014; however, that progress note was not provided for this independent medical review. The reviewer indicated that the progress note documented ongoing complaints of chronic severe low back pain and right lower extremity issues. Physical examination revealed decrease DTR in upper and right lower extremity, TTP lumbar paraspinals, decreased lumbar ROM, positive sitting straight leg raise on the left, motor strength of: Left tibialis anterior 4+/5, right quads 4+/5, right hamstring 4+/5, right tibialis anterior 3+/5, right EHL 3+/5, right plantar flexor 3+/5, and right dorsiflexion 4+/5. Sensation decreased in the right L5 and right S1. No recent diagnostic imaging studies available for review. Current diagnoses: Lumbar facet arthropathy and degeneration of lumbar or lumbosacral intervertebral disk. Previous treatment included nerve blocks/injections, epidural steroid injection (ESI) medication, chiropractic therapy, physical therapy, home exercise program (HEP), activity modifications and transcutaneous electrical nerve stimulation (TENS) unit. A request had been made for LSO corset (off-the-shelf) and Surgery (not specified), which were not certified in the utilization review on 7/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO Corset (off the shelf):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** MTUS/ACOEM practice guidelines do not support the use of a lumbosacral orthosis (LSO) or other lumbar support devices for the treatment or prevention of low back pain, except in cases of specific treatment of spondylolisthesis, documented instability, or postoperative treatment. The claimant is currently not in an acute postoperative setting, and there is no documentation of instability or spondylolisthesis with flexion or extension via plain radiographs of the lumbar spine. As such, this request is not medically necessary.

**Surgery (not specified, no response to loi letter):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** This request for an unspecified surgery was assumed to be a laminectomy via neurosurgical consultation, dated 6/5/2014, which stated the claimant was a candidate for laminectomy (this medical record was not available for this independent medical review; however, was mentioned by the previous utilization review). MTUS/ACOEM practice guidelines support a lumbar laminectomy and/or discectomy for the treatment of subacute and chronic radiculopathy due to ongoing nerve root compression and for those patients who continue to have significant pain and functional limitation after 6 weeks of conservative treatment. Review of the available medical records fails to document a recent MRI of the lumbar spine or electrodiagnostic studies to confirm the diagnosis of radiculopathy. As such, this request is not medically necessary.