

Case Number:	CM14-0127210		
Date Assigned:	08/15/2014	Date of Injury:	10/18/2009
Decision Date:	09/26/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/12/2014

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 Family Practice and is licensed to practice in Texas. 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 43-year-old female, who reported an injury on 10/18/2009; during the course of her work, she sustained an injury. The injured worker had a history of lower back pain. The injured worker had the diagnosis of recurrent disc herniation at the L3-4 and the L4-5, postlaminectomy syndrome, spondylolisthesis, severe spinal stenosis foraminal at the L4-5 and L3-4, neuropathic pain/radiculopathy, dural cyst secondary to a dural tear, previous cauda equina syndrome. The MRI dated 01/06/2014 revealed recurring L3-4 and L4-5 disc herniation and possible dural cyst secondary to dural tear. Prior diagnostics included x-ray and CT scan. The prior treatments included medication and physical therapy. The prior surgeries included left L4-5 discectomy on 04/06/2011 and a recurrent disc herniation that required further surgery, end of 2011. The objective findings dated 08/11/2014 of the lumbar spine revealed antalgic gait with assistance of a cane, a well healed incision, pain to palpation at the lumbar spine with palpable paraspinal muscle spasms, and limited range of motion with flexion 20% normal and extension 10% normal. Motor strength was 4+/5, bilateral lower extremities proximally and distally. The sensory examination revealed decreased light touch sensation at the left lower extremity at the L5-S1 distribution. Straight leg raise positive on the left, extension at 60 causing pain to the left; negative on the right side. Babinski was negative. Clonus was negative. Sacroiliac joints nontender. The medications included Gabapentin and Norco. The injured worker rated her pain as 6/10 to 8/10 using the VAS. The treatment plan included possible spinal surgery, lumbosacral orthosis. The Request for Authorization was not submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar sacral orthosis: 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
Page(s): 300.

Decision rationale: The ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The injured worker's noted surgery was 12/21/2011. The guidelines indicate that lumbar supports do not have any lasting benefit beyond the acute phase of symptom relief. As such, the request is not medically necessary.