

Case Number:	CM14-0168260		
Date Assigned:	10/15/2014	Date of Injury:	10/17/2012
Decision Date:	11/18/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/13/2014

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, has a subspecialty in Interventional Spine 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 patient is a 48 years old female with an injury date on 10/17/2012. Based on the 09/02/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar HNP L5-S12. Lumbar radiculopathy. According to this report, the patient complains of mid back pain at 9/10, low back pain at 9/10. The 07/18/2014 report indicates the patient has low back pain with radiation of pain, numbness, and weakness in the right lower extremity going to the heel. The patient state "pain is worse with walking and better with rest." Physical exam reveals a "slow and antalgic" gait patient that ambulates with the use of a single point cane and wear a lumbar corset. Tender to palpation of the thoracic and lumbar spine is noted. Range of motion of the thoracic and lumbar spine restricted. Lower extremity sensation is decreased to the right L3, L4, L5, and S1 dermatomes. Motor strength of the lower extremity is decrease. Patellar reflexes are hyper-reflexive bilaterally and Achilles reflexes are hypo-reflexive bilaterally. Straight leg raise and FABER test are positive. MRI of the lumbar spine on 08/25/2014 reveals degenerative changes at L5-1 and previously seen annular tear at L4-5 and disc extrusion at L5-S1 have resolved. The patient has EMG/NCV with the last year; reports were not included in the file for review. The patient's treatment included "2 transforaminal epidural steroid injections by [REDACTED], which have not helped her pain. "There were no other significant findings noted on this report. The utilization review denied the request on 09/30/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/20/2014 to 09/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for date of service 9/2/2014 single point cane: 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), online edition, Knee & Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Knee /leg chapter under walking aides

Decision rationale: According to the 09/02/2014 report by [REDACTED] this patient presents with mid back pain at 9/10, low back pain at 9/10 with radiation of pain, numbness, and weakness in the right lower extremity going to the heel. The physician is requesting a retrospective for date of service 09/02/2014 for a single point cane. Regarding walking aide, OGD guidelines state "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid." Review of 07/18/2014 report shows that the patient "ambulates with the use of a single point cane." In this case, the physician does not discuss what is wrong with the existing cane and why the patient needs another one. However, I would recommend authorization as the patient may have a need for another one or that the previous one was inadequate. The request is considered medically necessary.

Retrospective for date of service 9/2/2014 lumbar corset (mesh back support): 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 (ODG) low back chapter under lumbar support

Decision rationale: According to the 09/02/2014 report by [REDACTED] this patient presents with mid back pain at 9/10, low back pain at 9/10 with radiation of pain, numbness, and weakness in the right lower extremity going to the heel. The physician is requesting a retrospective for date of service 09/02/2014 for a lumbar corset (mesh back support). 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." The 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 patient does have non-specific low back pain but this has very low-quality evidence. Given the lack of support from the guidelines, the request is determined not medically necessary.

