

Case Number:	CM14-0079200		
Date Assigned:	07/18/2014	Date of Injury:	11/08/2007
Decision Date:	06/24/2015	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/29/2014

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. 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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 47 year old male, who sustained an industrial injury on 11/08/2007. According to the only progress report submitted for review and dated 10/30/2013, the injured worker complained of constant severe sharp, stabbing neck pain, constant severe sharp, stabbing, throbbing low back pain, constant severe sharp, stabbing, throbbing right hip pain, constant moderate to severe stabbing throbbing right foot pain and constant moderate sharp stabbing right groin pain. Objective findings included cervical range of motion within normal limits, lumbar range of motion within normal limits, right hip range of motion within normal limits, tender swollen right foot and right groin pain. Diagnoses included residuals after right foot surgery in 12/2012, right lower extremity complex regional pain syndrome per the agreed medical examiner, right hip pain, right inguinal pain, lumbar spinal strain, lumbar disc protrusion L5-S1 with right neural foraminal stenosis encroaching on right exiting nerve root per MRI and status post bilateral elbow contusions. Treatment plan included home exercises, medications, lumbar corset and cane. Currently under review is the request for LSO back support (pre-fab) right hip and lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO back support (pre-fab) right hip and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Lumbar supports.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, LSO back support-prefabricated, right hip and lumbar is not medically necessary. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. In this case, the injured worker's relevant working diagnoses are right lower extremity complex regional pain syndrome; right hip pain; right inguinal pain; lumbar spine strain; lumbar disc protrusion at L5 - S1; etc. The date of injury is November 8, 2007. The medical record contains 10 pages. The request for authorization is May 14, 2014. The most recent progress note in the medical record is October 30, 2013. The treatment plan included a request for a lumbar corset. There are no contemporaneous progress notes in the medical record on or about the date of request for authorization May 14, 2014. There is no clinical indication or rationale for LSO back support. Consequently, absent contemporaneous clinical documentation with a clinical indication and rationale for an LSO back support, LSO back support-prefabricated, right hip and lumbar is not medically necessary.