

Case Number:	CM15-0112128		
Date Assigned:	06/18/2015	Date of Injury:	03/31/2011
Decision Date:	07/17/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/10/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 62 year old female who sustained a work related injury March 31, 2011. Past history included gastric bypass October, 2013. Electrodiagnostic studies, performed March 12, 2015, found to be within normal limits. An echocardiogram performed March 12, 2015, revealed a 60% estimated ejection fraction. An ultrasound of the abdomen, dated March 12, 2015, within normal limits. According to a primary treating physician's progress report, dated April 24, 2015, the injured worker presented to the clinic with complaints of low back pain with right lower extremity radicular symptoms, left greater than right. She reports her employer did not complete the ergonomic workstation and she is not following the work restriction. As a result, there are increased symptoms and decreased strength in the bilateral lower extremities. Objective findings of the lumbar spine included tender paraspinal and bilateral sacroiliac joint tenderness with spasm, positive straight leg raise, left, with radicular symptoms, positive bilateral stress test, and decreased sensation in the left lower extremity L4 dermatome. Some handwritten notes are difficult to decipher. Diagnoses are lumbar spine sprain; bilateral sacroiliac sprain; bilateral lower extremity radiculopathy, 2mm disc bulge with stenosis L4-5; facet arthropathy L4-S. Treatment plan included request for authorization for x-rays of the lumbar spine and lumbosacral orthosis (LSO) brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the lumbar spine: 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): 304.

Decision rationale: According to MTUS guidelines, x-ray of the lumbar spine is indicated in case of disc protrusion, post laminectomy syndrome, spinal stenosis and equina syndrome. The patient developed a back injury 4 years ago and does not have any red flags for serious pathology. Therefore, the request of X-ray of the lumbar spine is not medically necessary.

Lumbo-Sacral Orthosis (LSO) brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Low Back, Lumbar supports.

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

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. Therefore, the request for Lumbo-Sacral Orthosis (LSO) brace is not medically necessary.