

<b>Case Number:</b>	CM15-0074219		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	06/12/2014
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 42-year-old male who sustained a work related injury on 6/12/14. Injury was reported relative to a fall down a ladder. Past medical history was negative. The 7/26/14 lumbar spine MRI impression documented mild facet joint degeneration at the L4/5 and L5/S1 levels. The canal with slightly small on a congenital basis secondary to congenitally short pedicles. There was no evidence of significant segmental stenosis. At L5/S1, there was right greater than left facet joint degeneration, minimal right-sided disc bulging, right greater than left neuroforaminal encroachment, and findings suggestive of mild enlargement of the bilateral L5/S1 nerve roots. The 12/5/14 EMG/NCV report revealed electrodiagnostic evidence for left L5 radiculopathy. The 3/17/15 treating physician report cited low back pain radiating from the left buttocks into the thigh, calf, and lateral lower leg with associated numbness, tingling and weakness. He had difficulty sitting, standing or walking more than 2 blocks. Conservative treatment had included physical therapy, acupuncture, anti-inflammatory medications, narcotic medications, and an epidural injection which were not significantly helpful. He had been off work since August. Physical exam documented antalgic gait, difficulty with left heel/toe walk, positive straight leg raise, and burning dysesthesias in a fairly classic L5 and S1 distribution in the lower extremity lower extremity. There was 4/5 left plantar flexor, extensor hallucis longus and dorsiflexor weakness. Lumbar spine x-rays did not show any evidence of scoliosis or instability. MRI showed overall congenitally small canal with moderate stenosis at L4/5 and L5/S1, and right sided narrowing at L5/S1. The treating physician report documented a 9-month history of radiating left posterolateral leg pain corresponding with stenosis on the MRI scan and

positive nerve conduction study for left L5 radiculopathy, recalcitrant to conservative treatment. He did not have dramatic stenosis but did have evidence of neurologic compression. He was a reasonable surgical candidate for left L4/5 and L5/S1 laminoforaminotomy. The 3/25/15 utilization review non-certified a request for left L4/5 and L5/S1 laminoforaminotomy as the symptoms did not fully correlate with imaging findings at L5/S1 and there was no evidence of a surgical lesion at L4/5. As the surgical request was not supported, the associated request for lumbar brace was non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Associated surgical service: Durable medical equipment (DME) lumbar brace:** 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): 301. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

**Decision rationale:** The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Guideline criteria have not been met. There is no evidence of spondylolisthesis or spinal instability. There is no evidence that the request for surgery has been certified to support the medical necessity of post-operative use. Therefore, this request is not medically necessary at this time.