

Case Number:	CM14-0147551		
Date Assigned:	09/15/2014	Date of Injury:	07/13/2001
Decision Date:	10/22/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/11/2014

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 and is licensed to practice in Illinois. 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 58-year-old male with a reported injury on 07/13/2001. The mechanism of injury was heavy lifting, pulling of hoses, and using a jackhammer. The injured worker's diagnoses included lumbar disc injury, lumbar facet arthralgia, left lower extremity dysesthesias, and status post L3-4, L4-5 laminectomy. The injured worker's previous treatments have included medications, physical therapy, TENS unit, epidural steroid injections, and lumbar support. The injured worker's diagnostic testing included multiple MRIs and x-rays in 2012, and an NCV in 06/2013. The injured worker's surgical history included lumbar laminectomy in 2002. The injured worker was evaluated on 08/22/2014 for low back pain which he described as intermittent and rated at 8/10 to 9/10 at its worst. He reported that his average pain is 5/10 to 6/10 in severity, but at its best can be 3/10 to 4/10 after using the Norco 5 mg twice a day with Lidocaine patches. The injured worker also reported left thigh numbness which has been present since before his laminectomy. The injured worker is unable to take anti-inflammatories due to ulcerative esophagitis in 2012. The clinician observed and reported a focused lumbar spine physical exam which showed the injured worker was insensate over the left anterior thigh, lumbar lordosis was decreased, and motor strength was measured as 5/5 throughout both lower extremities, except for the left hip flexor which was 4+/5 and the dorsiflexor which was 4+/5. The bilateral seated straight leg raise was positive at 90 degrees with pain referring into the left buttock. No tenderness was noted, but spasticity was noted on palpation over the bilateral paraspinal regions. Range of motion was measured at forward flexion 60 degrees with moderate pain, extension 20 degrees with moderate pain, bilateral lateral flexion 45 degrees on the right with moderate pain, and 40 degrees on the left with moderate pain, bilateral rotation 35 degrees on the right with slight pain, and 30 degrees on the left with moderate pain. The clinician's treatment plan was to continue the Lidoderm patches and Vicodin, a trial of Lyrica 25 mg up to 3

tablets at night, continue the TENS unit, and request decompression lumbar support which would help unload his low back pain when he is sitting and standing for prolonged periods of time. The injured worker's medications included those mentioned above. The request was for decompression lumbar support, for the lumbar spine, quantity 1. The rationale for this request was listed in the treatment plan. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression Lumbar Support, For The Lumbar Spine Quantity 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The request for decompression lumbar support, for the lumbar spine, quantity 1 is not medically necessary. The injured worker continued to complain of low back pain. The California MTUS/ACOEM Guidelines state that traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. The provided documentation indicated that the injured worker was using a back brace. Additionally, the request did not include whether this was a prefabricated brace lumbar support or a custom made lumbar support, and did not specify the frequency of use. Therefore, the request for decompression lumbar support, for the lumbar spine, quantity 1 is not medically necessary.