

Case Number:	CM13-0016461		
Date Assigned:	11/06/2013	Date of Injury:	04/08/2009
Decision Date:	01/29/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 49-year-old injured worker who reported an injury on 04/08/2009, while pulling a power jack, causing injury to the low back and right lower extremity. The patient underwent a spinal cord stimulator trial that provided significant symptom relief. The patient's most recent clinical examination findings included tenderness to palpation in the bilateral lumbar paraspinal musculature, hypersensitivity in the bilateral lower extremities, and a negative straight leg raising test bilaterally. The patient's diagnoses included chronic regional pain syndrome, chronic pain syndrome, lumbar disc degeneration, and lumbago. The patient's treatment plan was to have a permanently implanted spinal cord stimulator, and continued home exercise program and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar sacral orthosis: Upheld

Claims Administrator 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- Lumbar & Thoracic (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) :Low Back Chapter, Lumbar Supports

Decision rationale: The Official Disability Guidelines do not recommend the use of back braces in the postsurgical treatment of a patient. Additionally, the use of lumbar supports is not sufficiently supported by scientific evidence. The clinical documentation submitted for review does indicate that the patient is going to undergo spinal cord implantation. The request for 1 lumbar sacral orthosis, is not medically necessary and appropriate.

1 surgical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing

Decision rationale: The Official Disability Guidelines do not recommend preoperative testing for low risk ambulatory surgeries. The clinical documentation submitted for review does provide evidence that the patient is going to undergo spinal cord stimulator implantation. As this type of surgery would be considered a low-risk ambulatory surgery, surgical clearance would not be necessary. The requested surgical clearance is not medically necessary and appropriate.