

Case Number:	CM13-0025129		
Date Assigned:	09/05/2014	Date of Injury:	02/07/1996
Decision Date:	10/09/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/16/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 54-year-old male who reported an injury on 02/07/1996 after pulling on a telephone cable which became caught, causing him to fall into a ditch. The injured worker reportedly sustained an injury to his low back and left lower extremity. The injured worker was evaluated on 05/30/2013. It was documented that the injured worker had moderate to severe tenderness on palpation of the lumbar spine with a positive straight leg raising test. It was noted that the injured worker had undergone an MRI identifying a disc protrusion at L5-S1 with effacement of the thecal sac. The injured worker's diagnoses included lumbar spondylosis, lumbar stenosis, lumbar disc displacement, and lumbar radiculopathy. A spinal fusion and decompression was recommended. The clinical documentation submitted for review did not provide evidence that surgical intervention took place. The injured worker was evaluated on 03/06/2014. The injured worker's treatment history included multiple sessions of physical therapy, chiropractic care, and injections. It was noted that the injured worker had received a denial for a microdiscectomy at L5-S1. The injured worker underwent psychological evaluation on 04/22/2014 that documented the injured worker had psychosocial factors complicating the recovery process. The injured worker was evaluated on 06/06/2014. Physical findings included moderate discomfort and palpation to the mid lumbar spine with a positive straight leg raising test and diminished sensation to light touch at the bottom of the left foot. It was noted that the left ankle reflex was absent and the injured worker had 4-/5 strength of the left plantar flexion. Surgical intervention was recommended. A request was made for 1Post-operative aspen LSO back brace for the lumbar spine. No justification for the request or a Request for Authorization form to support the request were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Post-operative aspen LSO back brace for the lumbar spine: 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): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Back Brace (post-operative)

Decision rationale: Clinical documentation submitted for review does provide evidence that the treatment plan for the injured worker includes a microdiscectomy at the L5-S1. California Medical Treatment Utilization Schedule does not recommend bracing for acute or chronic low back pain. Additionally, Official Disability Guidelines do not support the use of a back brace postoperatively in the absence of significant instability or multilevel fusions. The clinical documentation also fails to provide any evidence that authorization for the surgical intervention has been provided or that the surgical intervention is scheduled. Therefore, the need for postoperative treatment would not be supported. As such, the requested 1 Post-operative aspen LSO back brace for the lumbar spine is not medically necessary or appropriate.