

Case Number:	CM13-0028009		
Date Assigned:	11/22/2013	Date of Injury:	01/22/2011
Decision Date:	02/10/2014	UR Denial Date:	09/14/2013
Priority:	Standard	Application Received:	09/23/2013

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 has a subspecialty in Sports Medicine and is licensed to practice in New York and 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 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.

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 31-year-old male who reported an injury on 01/22/2011. The mechanism of injury was noted to be lifting and twisting. His diagnoses include status post bilateral L4-5 microdiscectomy, low back pain, L4-5 disc space narrowing, and sacralization of L5. A plan has been noted for an L4-5 decompression and instrumented fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pre-op medical clearance between 9/9/13 and 11/10/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Centers for Medicare and Medicaid Services.

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

Decision rationale: The Official Disability Guidelines state that general preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. The clinical information submitted for review fails to indicate whether the patient has any complications or comorbidities that would warrant preoperative testing prior to his surgery. In the absence of this information, the request is not supported

1 lumbar corset between 9/9/13 and 11/10/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Back brace, post operative (fusion).

Decision rationale: According to ACOEM Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. More specifically, the Official Disability Guidelines state that postoperative back braces are under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom postoperative brace. Guidelines further state that mobilization after instrumented fusion is logically better for the health of adjacent segments, and the routine use of back braces is harmful to this principle. However, there may be special circumstances in which some external immobilization might be desirable. The clinical information submitted for review failed to show evidence of special circumstances to warrant the use of a back brace postoperatively. As the guidelines state that the use of these devices is under study and is not recommended at this point, the request is not

8 aquatic physical therapy sessions between 9/9/13 and 11/10/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine Page(s): 22, 98-99, Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state that aquatic therapy is recommended as an option for patients where reduced weight bearing is desirable. The California Postsurgical guidelines state that the postsurgical physical therapy treatment following a fusion is recommended as 34 visits over 16 weeks. The guidelines also specify that the patient's initial course of therapy should be one half the number of visits specified for the surgery. Therefore, an initial course of therapy following a lumbar fusion could be up to 17 visits. Therefore, the request for 8 aquatic physical therapy sessions is supported.