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| Case Number: | CM13-0029183 | | |
| Date Assigned: | 11/01/2013 | Date of Injury: | 01/13/2010 |
| Decision Date: | 01/30/2014 | UR Denial Date: | 09/09/2013 |
| Priority: | Standard | Application Received: | 09/26/2013 |

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 Orthopedic Surgery and is licensed to practice in Connecticut, North Carolina and Pennsylvania. 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 claimant is a 69-year-old male who sustained an injury to his low back on January 13, 2010. Recent clinical records for review indicate that the claimant underwent an August 27, 2013 L4-5 lumbar fusion and decompression with use of bone grafting. Surgery was performed by [REDACTED]. Postoperative clinical assessment for review dated October 3, 2013 a Qualified Medical Examination performed by [REDACTED], recommended the claimant should utilize a bone growth stimulator unit to help with the healing of the lumbosacral fusion and also should continue the use of a custom lumbar brace for pain control. He was given the diagnosis on that date of status post L4-5 fusion with residual weakness. Imaging was not noted. A September 4, 2013 followup assessment with [REDACTED], treating surgeon, documented radiographs revealing restoration of the collapsed L4-5 disc with reduction of the claimant's spondylolisthesis. Positioning of fusion with interbody grafting was stable with hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEQ SP enhanced profile sagittal control (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): 298 and 301, 9.

Decision rationale: Based on California MTUS ACOEM Guidelines, the use of a custom brace in the claimant's postoperative setting cannot be supported. The guidelines state that "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of the symptom relief." The claimant underwent a one level fusion for which she is now 4+ months from time of procedure. The chronic use of long term braces is not indicated for prevention with lumbar supports only having been shown to be beneficial in the acute phase of symptomatic relief. The requested SLEEQ AP enhanced profile sagittal control (brace) at this stage in the course of care 4+ months from time of fusion, is not considered as medically necessary.

Spine logic stimulator, electro therapy for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117, 121.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure -Bone Growth Stimulators (BGS).

Decision rationale: California MTUS ACOEM Guidelines are silent. Recommendations for bone growth stimulator per Official Disability Guidelines have not been met in this case. Guidelines allow for use of a bone growth stimulator in the following settings, (1) One or more previous failed spinal fusion(s) (2) Grade III or worse spondylolisthesis (3) Fusion to be performed at more than one level (4) Current smoking habit (Note: Other tobacco use such as chewing tobacco is not considered a risk factor) (5) Diabetes, Renal disease, Alcoholism (6) Significant osteoporosis which has been demonstrated on radiographs. (Kucharzyk, 1999) (Rogozinski, 1996) (Hodges, 2003)". In this case a single level fusion was performed and the records lack any documentation of the presence of other risk factors that would warrant use of a stimulator. Additionally, the radiographs of September 2013 failed to reveal any evidence of failure of the fusion. Based on all of the available information the Spine logic stimulator, electrotherapy to the back cannot be recommended as medically necessary.