

Case Number:	CM13-0043012		
Date Assigned:	12/27/2013	Date of Injury:	05/09/2005
Decision Date:	02/18/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/22/2013

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 Interventional Spine 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:

This is a 47 year-old male with a 5/9/05 industrial injury claim. The IMR application shows a dispute with the 10/11/13 UR decision, which was from [REDACTED] in response to [REDACTED] 9/4/13 medical report. The UR letter states a surgery was not indicated, so the TLSO and bone stimulator or any post-op items were unnecessary. Unfortunately, the 201 pages of records provided for this IMR do not include the 9/4/13 report, or any medical reports from [REDACTED]. The closest evaluation to this date, is the handwritten PR2 from [REDACTED] dated 9/12/13 which is difficult to read, but apparently lists the diagnoses as: lumbar strain, bilateral radiculitis, facet arthrosis, spondylosis, stenosis; bilateral SI sprain; s/p left and right knee arthroscopy. The treatment plan is for global fusion at L4/5 with disc replacement at L5/S1. There is a 1/23/14 appeal from [REDACTED] discussing the TLSO citing Blue Cross guidelines and for post-operative use of a bone stimulator. He apparently changed his request from the hybrid surgery to a 2-level global fusion for L4/5 and L5/S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 thoracolumbosacral orthosis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Back Brace, post operative (fusion).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301 and 308.

Decision rationale: MTUS guidelines take precedence over all other guidelines, including ODG and Blue Cross. The AD has adopted ACOEM chapter 12 into the MTUS guidelines. MTUS/ACOEM states: "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief" The 1/23/14 report states the patient has not had a lumbar surgery, and it was being appealed, or a different surgical approach was requested. The 10/11/13 UR letter states that the surgery was denied. The 7/19/13 report shows attempts to get a lumbar surgery approved. At this time, the patient has not had a lumbar surgery, and he is not scheduled for any surgical procedure. He is not in the acute phase of treatment for his injury 9-years ago. MTUS/ACOEM states lumbar supports do not have lasting benefits beyond the acute phase. The request for the TLSO is not in accordance with MTUS/ACOEM guidelines at this time.

1 lumbar external bone stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Back Brace, post operative (fusion).

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, Bone growth stimulators (BGS)

Decision rationale: MTUS chronic pain and MTUS/ACOEM topics did not provide a discussion on bone stimulators so ODG guidelines were consulted. ODG states it is understudy, but lists criteria for use including: "Fusion to be performed at more than one level" The 1/23/14 appeal from [REDACTED] is attempting to get approval for a 2-level fusion. If the 2-level fusion were approved or the surgery was scheduled, the ODG criteria for the bone stimulator would be met. However, at the time of this IMR, the patient has not had the surgical procedure, and the surgery is not scheduled, and there is no indication that procedure has been approved. The request appears premature, and at this time would not be in accordance with ODG guidelines.