

Case Number:	CM13-0044167		
Date Assigned:	12/27/2013	Date of Injury:	04/04/1996
Decision Date:	02/15/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/28/2013

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 Pain Management and is licensed to practice in <MPR ST LICENSE>. 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 65-year-old with date of injury 04/04/1996. Patient has diagnoses of severe lumbar stenosis at L2-L3 and L3-L4 with central foraminal stenosis as well as facet hypertrophy and an L3-L4 synovial cyst, low back pain, lumbar radiculopathy and renal cysts. According to report dated 09/10/2013 by [REDACTED], patient is complaining of low back pain radiating to lower right extremity and weakness in the left lower extremity. Physical examination shows limited abduction in the left and right shoulder. Cranial nerves 2 through 12 are intact. Strength is 3/5 in bilateral upper extremities in all muscle groups. Reflexes are 2+ in bilateral brachioradialis and biceps, 1+ bilateral triceps. Reflexes in the lower extremities were unable to be obtained due to previous left knee replacement and positive Osgood-Schlatter disease on right knee. Utilization review dated 10/18/2013, notes phone conversation with [REDACTED] stating that surgical procedure has been put on hold pending diagnostic studies and psychological clearance. The treater is requesting post-op visit and bone growth stimulator and LSO brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

post-operative visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Postsurgical Treatment Guidelines.

Decision rationale: The surgeon is anticipating a 2-level lumbar fusion procedure at L2-4. MTUS/ACOEM guidelines allow for follow-up visits, and the Post-Surgical Guidelines states: "Surgery" means a procedure listed in the surgery chapter of the Official Medical Fee Schedule with follow-up days of 90 days. The post-operative visit is in accordance with MTUS guidelines. The request for a post-operative visit is medically necessary and appropriate.

A bone growth stimulator and LSO brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS 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 Chapter.

Decision rationale: The surgeon is anticipating a 2-level lumbar fusion and is requesting authorization for a bone growth stimulator. MTUS and ACOEM do not discuss bone growth stimulators, so ODG guidelines were consulted. ODG states they are understudy, but provides indications, which include "Fusion to be performed at more than one level" The patient meets an ODG indication for the bone growth stimulator. The MTUS/ACOEM guidelines appear to recommend lumbar supports in the acute phase of care. This is vague considering the physician has recommended the LSO after a surgery. ODG guidelines were consulted for a more detailed explanation. ODG states: "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. There is conflicting evidence, so case by case recommendations are necessary (few studies though lack of harm and standard of care). There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. Although there is a lack of data on outcomes, there may be a tradition in spine surgery of using a brace post-fusion, but this tradition may be based on logic that antedated internal fixation, which now makes the use of a brace questionable" The physician requested a lumbar LSO, without noting if this was a standard or custom brace. The ODG guidelines state the post-operative brace is understudy, but do not provide a recommendation against the brace. According to LC4610.5(2) "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards, which shall be applied in the order listed, allowing reliance on a lower ranked standard only if every higher ranked standard is inapplicable to the employee's medical condition: (A) The guidelines adopted by the administrative director pursuant to Section 5307.27.; (B) Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service.; (C) Nationally recognized professional standards.; (D) Expert opinion.; (E) Generally accepted standards of medical practice.; (F) Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious. In this case, the highest ranked standard is likely (D) Expert opinion or (E) generally

accepted standards of medical practice. The opinion of the surgeon performing the procedure is that the LSO is indicated post-surgically, and ODG guidelines suggested that it may be a standard of medical practice. The LSO in this case appears to be in accordance with ODG guidelines, and the expert opinion of the surgeon. The request for a bone growth stimulator and LSO brace are medically necessary.