MAXIMUS Federal Services

Case Number:	CM13-0053324		
Date Assigned:	12/30/2013	Date of Injury:	12/15/2012
Decision Date:	03/27/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/18/2013

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 Caifornia. 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 male patient with the date of injury of December 15, 2012. A utilization review determination dated October 28, 2013 recommends non-certification of TLSO brace, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine. The previous reviewing physician recommended non-certification of TLSO brace, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine due to no indication of necessity for patients who undergo laminectomy/discectomy and the patient would not otherwise qualify under the criteria for fractures or similar conditions. An Initial Orthopedic Consultation dated October 14, 2013 identifies Current Complaints of ongoing back pain with left lateral leg pain and numbness that extends to his foot. He reportedly has some weakness in his ankle. He notes that 90 percent of his pain in his right leg and 10 percent in his back. Physical Examination identifies minimal diffuse tenderness and limited range of motion. Deep tendon reflexes are +1/3 at the right Achilles and +3/3 on the left. He has significant weakness with right dorsiflexion and plantarflexion. Diagnoses identify lumbar herniated nucleus pulposus, lumbar sciatica. Discussion/Treatment Plan identifies request authorization for a right L5-S1 microscopic laminectomy/discectomy with postoperative thoracolumbar spinal Orthosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

TLSO brace, Triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine: 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)

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, Lumbar Supports.

Decision rationale: Regarding the request for TLSO brace, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar supports are not recommended for prevention. They go on to state the lumbar support are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. ODG goes on to state that for nonspecific low back pain, compared to no lumbar support, elastic lumbar belt maybe more effective than no belt at improving pain at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. Within the documentation available for review, it does not appear that this patient is in the acute or subacute phase of his treatment. Additionally, there is no documentation indicating that the patient has a diagnosis of compression fracture, spondylolisthesis, or instability. As such, the currently requested TLSO brace, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine is not medically necessary.