

<b>Case Number:</b>	CM13-0056241		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/30/2009
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 46-year-old gentleman who sustained an injury to his low back on 06/30/09. The records provided for review indicate a prior history of spinal fusion and decompression at the L5-S1 level on 12/21/12. It was noted that the claimant continued with complaints of low back pain and intermittent left leg pain. Postoperative radiological assessment includes a report of a 06/29/13 CT scan that demonstrates a solid fusion at the L5-S1 level with prior laminectomy. No other imaging reports were provided for review. Postoperatively, the claimant has been treated with medications, work restrictions, physical therapy and activity modification. The last clinical assessment dated 11/20/13 noted ongoing complaints of pain in the low back with radiating left leg pain. It was documented that the physical examination was "deferred." Radiographs reviewed on that date also demonstrated a solid fusion. Based on the claimant's ongoing complaints the recommendation was made for hardware removal and exploration of fusion. Further clinical records or formal physical examination findings were not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An LSO Back Brace:** 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 Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 1 Prevention Page(s): 9, 298, 301.

**Decision rationale:** California MTUS and ACOEM Guidelines would not support an LSO brace. The records in this case request the role of an exploration of the claimant's prior fusion at the L5-S1 level. This clinical request has not been supported by utilization review process. The LSO brace was in regards to the claimant's post-operative course of care. The lack of indication of surgery would fail to necessitate the role of post-operative bracing at this time. Therefore, the request is not medically necessary.

**A Pneumatic Intermittent Compression Device:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Practice Standard of Care article, "Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery".

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment In Worker's Comp, 18th Edition, 2013 Updates: Forearm/Wrist/Hand Procedure Vasopneumatic Devices.

**Decision rationale:** California ACOEM and MTUS Guidelines do not address this request. When looking at Official Disability Guidelines, the request for a vasopneumatic device following an exploration of the claimant's fusion would not be indicated. At present, the role of the surgical process has not been established. The lack of support for surgical process would fail to support any degree of post-operative DME devices. The acute need of a pneumatic intermittent compression device following surgery, thus, would not be indicated. Therefore, the request is not medically necessary.