

Case Number:	CM13-0058325		
Date Assigned:	12/30/2013	Date of Injury:	08/10/2011
Decision Date:	05/20/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/27/2013

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 21-year-old male injured in a work-related accident on August 10, 2011. He sustained an injury to the low back secondary to lifting. The records available for review document failed conservative measures and care. The claimant was diagnosed with lumbar disc hernia ion, for which prior utilization review supported the need for a one-level lumbar fusion and decompression at the L5-S1 level on November 5, 2013. No indication of past medical history or co-morbid conditions is noted. This request is for the post-operative purchase of a ██████████ back brace and the post-operative use of a bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: The California MTUS and ACOEM Guidelines do not contain criteria relevant to this request. As such, alternative guidelines were used. The Official Disability Guidelines not support the use of a bone growth stimulator for an isolated, one-level fusion in an

otherwise healthy 21-year-old male. Because the records do not document criteria that would indicate treatment with a bone growth stimulator, this request is not medically necessary.

■ **BACK BRACE:** Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to the California MTUS Guidelines, the need for a lumbar brace would not be indicated in this case. The ACOEM guidelines state that lumbar supports have not been demonstrated to be efficacious in preventing low-back complaints, providing little benefit other than a false sense of security in the acute setting. The claimant's surgery resulted in a stable L5-S1 level. The need for immobilization in this otherwise young, healthy individual would not be indicated as medically necessary.