

Case Number:	CM13-0064924		
Date Assigned:	01/03/2014	Date of Injury:	01/17/2012
Decision Date:	05/16/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/12/2013

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 Occupational Medicine, 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 patient is an employee of [REDACTED] and has submitted a claim for lumbar disc displacement without myelopathy associated with an industrial injury date of January 17, 2012. Treatment to date has included lumbar epidural steroid injection on October 14, 2013, trigger point injection at sacroiliac joint, physical therapy and medications including hydrocodone/APAP, diclofenac sodium, pantoprazole, cyclobenzaprine, Voltaren gel, trazodone, gabapentin, and clonazepam. Utilization review from December 5, 2013 denied the request for postoperative lumbar brace because there is no such tradition using one following a simple microdiscectomy and because postoperative discomfort is only minor. Medical records from 2013 were reviewed showing that patient has been complaining of chronic low back pain with sharp radiation into the left lower extremity. Pain was described as aching, constant, shooting, and tight. This resulted to limitation with activities. Physical examination showed tenderness over the left sciatic notch and lumbar facet from L3-S1 levels at left. Range of motion of thoracolumbar spine was limited to flexion at 40 degrees, extension at 20 degrees, right lateral bending at 35 degrees, left lateral bending at 30 degrees with presence of pain. Motor strength was 5/5 at all extremities except for left extensor hallucis longus graded 4/5. Deep tendon reflexes were equal and symmetric. Straight leg raise was positive at left with pain extending into the posterior thigh, calf, and into the dorsum of foot. Gait was antalgic. Sensation was decreased at left lower extremity. MRI of the lumbar spine, dated July 31, 2013, revealed 20% decrease in the height of T11-T12 disc with 2mm posterior disc bulge and encroachment of the thecal sac, and 2-3mm anterior disc protrusion. At T12-L1, there was a small defect in the inferior aspect of T12, and 2mm anterior disc protrusion. At L4-5 was a 5% decrease in disc height with 2-3mm posterior disc protrusion with encroachment on the thecal sac and foramina, and 2-3mm anterior disc protrusion. At L5-S1 was a 30% decrease in disc height with 4-5mm posterior disc

protrusion with increased seen posteriorly in relation to the central posterior aspect, indicating an annular tear. There was encroachment on the epidural fat and foramina with compromise of the exiting nerve roots bilaterally. EMG/NCV of bilateral lower extremities, dated April 4, 2013, revealed normal NCS, however, there was left active L5 denervation (clinically - radiculopathy) by electrodiagnostic criteria. Treatment plan is micro-discectomy for the foraminal protrusion at L5-S1 on the left, as written on November 1, 2013

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE LUMBAR 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

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, BACK BRACE, POST-OPERATIVE (FUSION)

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG only recommends back brace as an option for compression fractures. There is no scientific information on the benefit of bracing for clinical outcomes following instrumented lumbar fusion. There may be special circumstances (multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, mid-lumbar fractures) in which some external immobilization might be desirable. In this case, patient has been complaining of back pain since industrial injury date of January 17, 2012 which is beyond the acute phase. Treatment plan is micro-discectomy for the foraminal protrusion at L5-S1 on the left, as written on November 1, 2013. Microdiscectomy is not included in the list of special circumstances requiring back brace as stated above.