

Case Number:	CM13-0067940		
Date Assigned:	04/02/2014	Date of Injury:	10/11/1995
Decision Date:	05/02/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 62-year-old female with date of injury of 10/11/1995. Per treating physician's report, 11/18/2013, patient presents with back pain that is tolerable, no leg pain, having difficulty sleeping despite Ambien CR, has difficult time maintaining sleep, Valium helps sometimes. On physical examination, patient had normal gait with restricted range of motion. The wound is well healed. Radiology reviewed was x-ray of the lumbar spine showing satisfactory progression of the status post lumbar fusion. The diagnostic impression was status post L3 to L5 decompression and fusion. Under discussion, it states, "she still needs the driver for medical visits due to her narcotic medications. Under current medications listed are Ambien CR, amlodipine, Butrans, docusate, Duexis 800 mg, Enalapril, Nexium, Norco every 6 hours, Valium 1 daily, potassium. A report by pain management specialist, [REDACTED], 10/28/2013 has stated that patient presented with chronic low back pain, bilateral leg pain. The patient is doing better since fusion surgery and would like to discuss weaning options of the medications. The patient ambulates with single point cane. Average pain level is 10/10. On physical examination, the patient was wearing an LSO brace for stabilization. A single point can is used to ambulate. His list of assessments are: Chronic low back pain status post L5 laminectomy/fusion, status post revision surgery in 2013, new onset right greater than left leg pain with multiple new disk lesions, myofascial pain, lumbar spondylosis, hypertension, poor sleep, and general deconditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

REACTION BRACE: Overturned

Claims Administrator 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Post-Op Bracing Lumbar Spine.

Decision rationale: This patient presents with lumbar fusion surgery in the recent past from 09/11/2013. A prescription for "reaction brace" appears to be lumbosacral orthosis prescribed for postoperative care. MTUS and ACOEM Guidelines do not discuss postoperative lumbar braces. However, ODG Guidelines states, "under study, but given the lack of evidence of 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". It goes on to state that although there is lack of data on outcome, there may be a tradition in spine surgery of using a brace post fusion". The guidelines do provide mixed recommendation regarding use of postoperative brace. In this patient, the patient has had multilevel lumbar fusion with evidence of spondylolisthesis. When reading lumbar brace for treatment, it is recommended for spondylolisthesis. Recommendation is for authorization.

TRANSPORTATION FOR MEDICAL VISITS, DOS: 7/18/13, 8/21/13, 9/19/13, AND 9/24/13: 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), Knee Chapter, Transportation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA guidelines on transportation: (www.aetna.com).

Decision rationale: This patient presents with chronic low back pain being status post lumbar fusion at multiple levels from 09/11/2013. There is a request for transportation for medical visits and the treater states that the patient is not able to drive due to medication use. Review of the reports show that the patient is able to ambulate with single point cane. MTUS, ACOEM, and ODG Guidelines do not discuss transportation needs. However, Aetna Guidelines states that it may be reimbursable if the patient is unable to travel alone and requires the assistance of a nurse or companion. In this case, there is no documentation that the patient requires a companion to be with the patient. The patient is recovering well from surgery. He is able to walk on his own without other specific needs. There is also no discussion regarding why the patient is not able to utilize public transportation. Recommendation is for denial.