

Case Number:	CM13-0071320		
Date Assigned:	01/08/2014	Date of Injury:	04/12/2011
Decision Date:	06/19/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/27/2013

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 Physical Medicine and 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:

The patient is a 57-year-old male with a date of injury of 04/12/2011. The listed diagnoses per [REDACTED] are low back pain, status post right shoulder anterior surgery on 12/13/2012, cervical spine pain, antalgic gait and left groin and left thigh pain. According to the 10/14/2013 comprehensive progress report, the patient presents with constant neck and moderate low back pain. The patient is unable to walk more than 15 to 30 meters without increase in back and leg pain. Physical examination of the lumbar spine revealed decreased sensation across the left L5 distribution with symptoms of stenosis. Straight leg raise was negative. DTRs +2. The treating physician noted that MRI of the lumbar spine showed stenosis at L4-L5, L5-S1 with retrolisthesis grade 1 at L5-S1. Treating physician reports patient has had pain management, conservative management, and is absent any psychological red flags, and is a candidate for lumbosacral fusion from L4 to S1 anterior and posterior as there is significant stenosis that requires wide decompression. Request is for authorization for inpatient x3 days anterior and posterior lumbar fusion L4-L5, anterior posterior graft instrumentation, neuromonitoring, and postoperative back brace. Utilization review denied the requests on 12/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACK BRACE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301 and 308, table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines for lumbar supports has the following: Not recommended for prevention. Recommended as an option for treatment. See below for indications. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (van Poppel, 2004) (Res

Decision rationale: The ACOEM guidelines page 301 on lumbar bracing states lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines (ODG) states that back bracing is not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondyloisthesis, documented instability, and for treatment of nonspecific low back pain (very low-quality evidence, but may be a conservative option). In this case, the patient does not present with fracture, instability, but does have anterolisthesis for which ODG guidelines support lumbar bracing. The request is medically necessary and appropriate.