

Case Number:	CM14-0002786		
Date Assigned:	01/29/2014	Date of Injury:	07/24/2004
Decision Date:	07/21/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/08/2014

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 patient is a 58-year-old male who has submitted a claim for lumbar disc disease, lumbar spinal stenosis, lumbar radiculopathy and postlaminectomy syndrome, lumbar region, associated with an industrial injury date of January 24, 2004. Medical records from 2012 through January 2014 were reviewed, which showed that the patient complained of increasing and frequent low back pain radiating to the bilateral lower extremities, left more than the right lower extremity, down to his feet, with associated numbness and tingling. Physical examination revealed restricted range of motion. There was positive straight leg raise test bilaterally. Motor examination in the lower extremities reveals weakness in the extensor hallucis longus and tibialis anterior muscle groups at 4/5. Sensory examination of the lower extremities revealed decreased sensation to light touch over the anterolateral part of the calf. Treatment to date has included stretching exercises, moist heat, lumbar laminectomy/discectomy in 2006, anterior fusion at L4-L5 and L5-S1 levels with pseudoarthrosis in 2010, an unknown number of PT sessions, and medications which include Oxycodone, Percocet, Tizanidine, and Medrol. Utilization review from December 18, 2013 denied the request for lumbar brace and modified the request for 16 sessions of post-operative PT to 12 sessions. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY X 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Postsurgical Treatment Guidelines state that postsurgical treatment for discectomy/laminectomy is recommended at 16 visits over 8 weeks. In this case, the patient is scheduled for foraminotomy with laminectomy at L4-L5 level. However, medical records did not disclose if surgery was authorized or accomplished to date. There was no indication of any recent lumbar surgery that would warrant post-op PT. Therefore, the request for POST OPERATIVE PHYSICAL THERAPY X 4 is not medically necessary.

LUMBAR BRACE: Upheld

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Back brace, post-operative (fusion).

Decision rationale: As stated in CA MTUS ACOEM Low Back Chapter, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG only recommends back brace as an option for compression fractures. It is not indicated for chronic low back pain without demonstration of spondylolisthesis, instability, or post-operative treatment. 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, it should be noted that patient's injury date is 7/24/2004 and the request for a back brace as part of the treatment regimen is beyond the initial acute phase of injury and not supported by the guidelines. Although the patient is scheduled to have surgery, medical records did not disclose if surgery was authorized or accomplished to date. Therefore, the request for LUMBAR BRACE is not medically necessary.