MAXIMUS Federal Services

Case Number:	CM14-0006660		
Date Assigned:	03/03/2014	Date of Injury:	05/03/2000
Decision Date:	06/30/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/17/2014

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, has a subspecialty in Sports Medicine, and is licensed to practice in Pennsylvania. 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 55-year-old gentleman who injured his low back in a work related accident on May 3, 2000. The records provided for review document that the claimant subsequently underwent a two level L3-4 and L4-5 laminectomy later in May of 2000. The report of a postoperative MRI dated December 15, 2011 identified multilevel disc bulging from T12-L1 through L5-S1, multilevel foraminal narrowing and neural foraminal stenosis. The report of a November 19, 2013 office visit noted increased complaints of pain in the right lower extremity with weakness. Physical examination showed 5/5 motor strength, diminished sensation in an L5 and S1 dermatomal distribution and weakness with the gluteal ankle dorsiflexors and plantar flexors on the left compared to the right lower extremity. There was also documentation of both knee and ankle flexion contractures. The recommendation was made for a custom right AFO and repeat lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT LEG AFO BRACE AND SUPPORTING MODIFICATIONS AS NECESSARY QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , 14, 376

Decision rationale: The California ACOEM Guidelines support the use of bracing for the foot and ankle in general. Looking specifically at the request for an AFO brace, the Official Disability Guidelines cannot recommend the request for a right leg AFO brace as medically necessary. ODG Guidelines recommend the use of bracing in the setting of equinus deformity. The records provided for review do not clearly identify conservative care dating back to time of injury. While this claimant is noted to have weakness and sensory change, there is no documentation of recent conservative care that would support the need of a right leg AFO brace. The request for one right leg AFO brace and supporting modifications is not medically necessary or appropriate.

3T MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CA MTUS AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), CHAPTER 12, 303-304

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , 12, 287, 303

Decision rationale: California ACOEM Guidelines also would not support the request for a lumbar MRI. The report of the claimant's previous lumbar MRI identifies multilevel compressive pathology that is consistent with the claimant's recent physical examination findings. There would currently be no indication for repeat imaging based on the lack of documentation of a significant change in symptoms or exam findings suggestive of a change in the claimant's pathology. The request for a 3T MRI of the lumbar spine is not medically necessary or appropriate.