

<b>Case Number:</b>	CM14-0106584		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/02/2004
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 60-year-old male was reportedly injured on June 2, 2004. The mechanism of injury was not disclosed in the medical record available for review. The medical record included a request for authorization, dated April 29, 2014, requesting CPT codes 63030, 63035, up front wheel Walker a 3 and one commode, the purchase of a cold therapy unit, a 30 day rental for cold therapy unit, pneumatic intermittent compression device, an LSO brace, a medical pre-op clearance, an assistant surgeon, and a 2 day inpatient stay. The only clinical progress note available was dated April 29, 2014 and referenced a prior denial for an L3-S1 fusion. This progress note indicated that the claimant continued to experience low back and bilateral leg pains. The physical examination demonstrated restricted range of motion in all planes, absent bilateral Achilles reflexes, normal motor strength bilaterally, and a negative straight leg raise bilaterally at 90 degrees. Diagnostic imaging studies reportedly demonstrated a minimal Grade I retrolisthesis at L5 with respect to L4, multilevel disc disease, spondylosis, multilevel lateral recess stenosis, and multilevel pedicle shortening with facet joint osteoarthritis. Plain films were also obtained revealing facet arthropathy at L4 through S1 and lateral recess stenosis at L3-L4 and L5-S1. Previous treatment was noted to have included therapy, ESI's, and activity modifications. The treatment discussion and recommendation indicated that the request was being modified to include bilateral L3-S1 laminotomies and foraminotomies with possible stabilization as intraoperative instability occurs. At the time of this progress note, the claimant was to follow up for preoperative education and consent signing. A request had been made for an LSO brace and was not certified in the pre-authorization process on June 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME-LSO 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): Electronically Cited.

**Decision rationale:** The medical record, provided for review, includes a progress note from April 2014, referencing a procedure request. No subsequent progress note was provided to indicate that the procedure has been authorized or performed. There is notation in the records provided, dated June 18, 2014, that a request for bilateral L3-S1 laminectomies/foraminotomies, and possible stabilization was noncertified. The CA MTUS/ACOEM practice guidelines do not support the use of an LSO device for the treatment or prevention of low back pain except in cases of specific treatment for spondylolisthesis, documented instability, or postoperative treatment. The request is for the use of an LSO brace in the postoperative setting. The procedure for which the LSO brace had been requested in the postoperative setting was not certified. This was according to the only documentation that has been provided. In the absence of documentation indicating that the proposed surgical treatment was authorized, performed and/or pending, or documentation of instability, with spondylolisthesis in the absence of surgery, an LSO would not be considered medically necessary.