

Case Number:	CM14-0016436		
Date Assigned:	04/11/2014	Date of Injury:	04/19/2006
Decision Date:	06/02/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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, has a subspecialty in Pain Medicine 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 59 year old male who was injured on 04/19/2006. Mechanism of injury is unknown. Prior treatment history has included the patient undergoing 2 ESIs, the last of which was on 11/20/2013. The patient underwent Anterior Lumbar Interbody Fusion (ALIF) in 2007 and PSF in 2008. The patient received physical therapy, however no documentation submitted in regards to physical therapy. Diagnostic studies reviewed include MRI of the lumbar spine dated 09/09/2013 revealed the following impression: 1) Pedicle screws at L4-L5 with partial bony union at this level. 2) Disc protrusion/extrusion on the left lateral recess at L4. Progress note dated 01/15/2014 documented the patient to have complaints of severe left anterior thigh pain and difficulty with ambulation. Objective findings revealed he continues with a slow, antalgic gait. Lumbar spine range of motion is decreased in both flexion and extension. He has a dramatically positive left straight leg raise. He has dense numbness in the left shin, burning dysesthesias into the left anterior thigh and shin. Left patellar reflex is blunted. There is subtle weakness of the left quad and dorsiflexors, grade 4/5, no right-sided motor or sensory deficits. Impression: Status post ALIF/posterior spinal fusion L4-5; Significant transitional stenosis with left paracentral disc herniation L3-4; and Left lower extremity radiculopathy, dysesthesias and weakness, unresponsive to conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

LOW PROFILE LUMBAR BRACE FOR PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS/ACOEM guidelines recommends lumbar supports for the acute phase of symptom relief but there is no mention for chronic low back injuries. The Official Disability Guidelines (ODG) states it is recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use. The medical records provided do not document that the patient has undergone the additional surgical intervention requested, nor is there documentation of spondylolisthesis or instability. The request for low profile lumbar brace is not medically necessary and appropriate.