

Case Number:	CM14-0018749		
Date Assigned:	06/11/2014	Date of Injury:	07/05/2012
Decision Date:	08/29/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/13/2014

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 injured worker is a 56 year old male truck driver who sustained an injury to the low back on 7/5/12 while trying to raise the landing gear on a trailer. He felt tightness in his lower back with acute onset of pain which has persisted to the present time. This has not responded to extensive conservative treatment including physical therapy, activity modification, injections, medications, chiropractic manipulation, bracing and acupuncture. The injured worker has a Grade II spondylolisthesis at L3-4 and Grade I spondylolisthesis at L4-5 on magnetic resonance imaging scan with degenerative disc disease throughout the lumbar spine. There is no evidence of dynamic instability at L3-5. He has signs and symptoms of lumbar stenosis with neurogenic claudication with radiculitis in the L3, 4, and, 5 distribution. An L3-4 and L4-5 posterior decompression with microdiscectomy, laminotomy, foraminotomy and medial facetectomy has been recommended. There is currently a request for the use of a postoperative lumbosacral orthosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF LSO BACK BRACE FOR LUMBAR POST-OPERATIVE USE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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, Back brace, post operative (fusion).

Decision rationale: There is no documentation in the available records of a current certification for the requested procedures at the L3-4 and L4-5 levels. This question will be answered in the context of the Chronic Pain Medical Treatment Guidelines, American College of Occupational and Environmental Medicine, and Official Disability Guideline recommendations for the use of a lumbosacral orthosis following any lumbar surgical procedure. The Chronic Pain Medical Treatment Guidelines do not address the use of postoperative lumbosacral supports. The American College of Occupational and Environmental Medicine guidelines do not recommend the use of postoperative lumbosacral supports following any lumbar procedure. The Official Disability Guidelines state that the use of postoperative lumbosacral orthosis, both off the shelf and custom, is under study and that these may be considered on a case by case basis if lumbar instability is demonstrated or anticipated, but that generally, the use of such devices is discouraged. As there is no documentation of current dynamic instability at the L3-4 or L4-5 levels and no documentation of anticipated instability at any level postoperatively, the requested purchase of LSO back brace for lumbar is deemed not medically necessary.