

Case Number:	CM14-0151570		
Date Assigned:	09/19/2014	Date of Injury:	07/09/2013
Decision Date:	11/20/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/16/2014

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 New York. 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 40-year-old male who has chronic back pain. The patient had a date of injury in 2003 when he fell on his back. He's been treated with epidural injections and physical therapy. The patient continues to have chronic low back pain. He also has chronic neck pain. He is taking multiple medications to include narcotics and non-steroidal anti-inflammatory drug (NSAID) medications. On physical examination he has tenderness palpation the lumbar spine. Lumbar range of motion is reduced. The patient also is reduced range of motion of the neck. Spurling sign is positive on the right. The patient has normal upper extremity strength. The patient is normal lower extremity strength. MRI scan from 2013 shows multiple levels of cervical degeneration. There are multiple levels of foraminal narrowing. MRI the lumbar spine from 2003 shows mild canal stenosis at multiple levels without frank herniation. At issue is whether lumbar surgeries medically necessary and other modalities and needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative lumbar brace: Upheld

Claims Administrator 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, Lumbar Supports, (http://www.odg-twc.com/odgtwc/low_back.htm)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation ODG, Low Back Pain Chapter

Decision rationale: This patient has multiple levels of lumbar disc degeneration and does not meet criteria for lumbar surgery. Specifically there is no documentation of significant neurologic deficit, instability fracture or tumor. The patient has chronic degenerative low back pain. Surgery for chronic degenerative low back pain is not more likely than conservative measures to relieve patient's back pain. Established criteria for lumbar surgery not met. Since surgery is not medically necessary, lumbar back brace is not medically necessary. In addition ODG guidelines do not recommend back brace for degenerative low back pain. The request is not medically necessary.