

Case Number:	CM14-0152448		
Date Assigned:	09/22/2014	Date of Injury:	02/04/2014
Decision Date:	10/28/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/18/2014

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 Texas. 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 36-year-old male who reported an injury when he was shoveling and digging a trench on 02/04/2014. His clinical assessment included chronic intractable lower back and left leg pain, status post left sided L5-S1 microdiscectomy with recurring disc herniation and annular tear and rule out lumbar instability. His complaints included lower back and left leg pain which radiated down into the hamstring. He stated that 60% of his pain was in his back and 40% of his pain was in his left leg. He rated his low back pain at 7/10 and left leg pain at 6/10. The treatment plan recommendations were for an anterior lumbar interbody fusion at L5-S1. There was no rationale included in this worker's chart. A Request for Authorization dated 08/14/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar support: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: Per the ACOEM Guidelines, lumbar support is not recommended for all acute lumbar spine disorders. Lumbar support is not recommended for the treatment of low back disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, the request did not specify whether the requested support was to be custom-made or pre-fabricated. Furthermore, it did not specify a size or the frequency of use. Therefore, this request for lumbar support is not medically necessary.

Bone growth stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Bone growth stimulators (BGS).

Decision rationale: The Official Disability Guidelines note that bone growth stimulators are under study. There is conflicting evidence, so case by case recommendations are necessary. Limited evidence exists for improving the fusion rate of spinal surgery in high risk cases. High risk factors for failed fusion include 1 or more previous failed spinal fusions, grade III or worse spondylolisthesis, fusion to be performed at more than 1 level, current smoking habit, diabetes, renal disease or alcoholism or significant osteoporosis which has been demonstrated on x-rays. There was no documented evidence that this worker had any of the above risk factors. The need for a bone growth stimulator was not clearly demonstrated in the submitted documentation. Additionally, there was no spinal level specified in the request. Therefore, this request for bone growth stimulator is not medically necessary.

Fitting: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The ACOEM Guidelines recommend that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine use or general referral. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. The request did not specify what was being fitted or the part of the body involved in the fitting. Therefore, this request for fitting is not medically necessary.