

Case Number:	CM14-0160225		
Date Assigned:	10/03/2014	Date of Injury:	04/08/2010
Decision Date:	12/08/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	09/30/2014

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 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:

This is a 52-year old male patient with a date of injury on 4/8/2010. In a progress noted dated 9/22/2014, the patient complained of discomfort and pain in low back area. He had significant pain in the right S1 joint region. The pain had been bothering him, and he was limited to daily activities secondary to pain. He had been authorized for surgery to remove the painful lumbar hardware. In an operative note dated 9/26/2014, the screws heads were removed, and the lumbar fusion was noted to appear solid. Objective findings: mild pain towards terminal range of motion during lumbar spine exam, mild tenderness over the hardware, and mild tenderness over the right S1 joint. The diagnostic impression shows right sacroilitis, lumbar sprain, lumbar strain, and painful hardware. Treatment to date: medication management, behavioral modification, surgeryA UR decision dated 9/30/2014 denied the request for lumbar support orthosis and Pain Pump. With regards to lumbar support orthosis, ODG notes that post-operative use of this brace is not clearly indicated for individuals that have undergone recent fusion surgery. When noting that the clinician documents a "solid" fusion, it is unclear why the brace would be necessary following hardware removal. With regards to the Pain Pump, it is unclear what exactly is being requested. Specifically, while postoperative pain control is considered necessary in the hospital setting, this can take a variety of routes including patient controlled analgesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Support Orthosis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 06/22/14); Lumbar supports

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 Chapter- Back Brace, Post-Operative (Fusion)

Decision rationale: CA MTUS does not address this issue. ODG state that there is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. There may be special circumstances in which some external immobilization may be desirable. However, in this case, there was no clear rationale provided regarding the medical necessity of lumbar support orthosis following hardware removal. The operative note dated 9/26/2014 clearly stated that the lumbar fusion appeared to be solid, and it is unclear what additional benefit a lumbar support would provide. Therefore, the request for lumbar support orthosis was not medically necessary.

Pain Pump: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter- Postoperative Pain Pump

Decision rationale: CA MTUS does not address this issue. ODG does not recommend post-operative pain pumps, stating there is insufficient evidence to conclude that direct infusion is as effective as or more effective than conventional pre- or post-operative pain control using oral, intramuscular, or intravenous measures. However, in the documentation provided, and in the 9/22/2014 progress report, there was no clear rationale provided regarding the medical necessity of a pain pump, when guidelines clearly do not recommend it. Furthermore, there was no discussion regarding whether this patient could tolerate oral, intramuscular, or intravenous methods of pain management. Therefore, the request for pain pump was not medically necessary.