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| Case Number: | CM14-0174385 | | |
| Date Assigned: | 10/28/2014 | Date of Injury: | 01/19/2005 |
| Decision Date: | 12/12/2014 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/22/2014 |

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:

This is a 48-year-old female with a 1/19/05 date of injury to her back. She is status post laminectomy in 2006 and conservative treatment as written below. She was seen on 9/11/14 with complaints of 9/10 low back pain with associated radiation to the lower extremities. Exam findings revealed decreased sensation in the left S1 distribution and a positive straight leg raise bilaterally. L spine radiographs revealed instability at L4/5 with flexion and extension and severe loss of disc height at L5/S1, as well as foraminal narrowing bilaterally at L5/S1. An MRI showed similar findings. Treatment to date: laminectomy, acupuncture, PT, LESI, and medications. The UR decision dated 9/29/14 denied the request as the associated surgical request for an L5/S1 laminectomy and posterior fusion with instrumentation was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: custom molded TLSO brace purchase: Upheld

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

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 Chapter-Lumbar Supports

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief; however, ODG states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. This patient's surgery was denied, thus the rationale for a custom TSLO brace is unclear. There is no documentation that the patient had surgery. Therefore, the request for a custom TSLO brace was not medically necessary.