

Case Number:	CM14-0181763		
Date Assigned:	11/06/2014	Date of Injury:	09/12/2013
Decision Date:	12/11/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/03/2014

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 Spine Surgeon 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 46-year-old male who reported an injury on 09/12/2013. The current diagnoses include lumbar stenosis, scoliosis, lumbar herniated nucleus pulposus, facet arthropathy, and radiculopathy. The injured worker presented on 09/24/2014 with complaints of severe lower back pain with radiation into the lower extremities. Previous conservative treatment includes physical therapy and multiple injections. The current medication regimen includes gabapentin and cyclobenzaprine. Physical examination revealed 4/5 weakness with dorsiflexion and plantarflexion bilaterally, negative atrophy, significant numbness and tingling with radiation into the bilateral lower extremities, and negative swelling. X-rays obtained in the office revealed spondylosis with facet arthropathy. Treatment recommendations included an L4-S1 instrumented fusion and decompression. A Request for Authorization form was then submitted on 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: One (1) Post-Operative Lumbar Brace: 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, Back Brace, Post-Operative (Fusion)

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: The Official Disability Guidelines state a postoperative back brace is currently under study and given the lack of evidence supporting the use of these devices, a standard brace is preferred over a custom postoperative brace. The injured worker's surgical procedure has not been authorized at this time. Therefore, the request for postoperative durable medical equipment is also not medically necessary.

Associated Surgical Service: Post-Operative External 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 (ODG), Low Back, and Bone Growth Stimulators (BGS)

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, Bone Growth Stimulator

Decision rationale: The Official Disability Guidelines state either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with risk factors for failed fusion. The injured worker's surgical procedure has not been authorized. Therefore, the request for postoperative durable medical equipment is not medically necessary.

Associated Surgical Service: One (1) Box of Island Bandage: 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) Knee & Leg Chapter, Durable Medical Equipment

Decision rationale: The Official Disability Guidelines state durable medical equipment is recommended if there is a medical need and if the device or system meets [REDACTED] definition of durable medical equipment. The injured worker's surgical procedure has not been authorized at this time. Therefore, the request for postoperative durable medical equipment is not medically necessary.