MAXIMUS Federal Services

Case Number:	CM14-0024150		
Date Assigned:	06/11/2014	Date of Injury:	09/07/2006
Decision Date:	07/15/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/26/2014

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:

The patient is a 32 year old female who was injured on 09/07/2006 while she was lifting at work. Prior treatment history has included transforaminal epidural steroid injection dated 11/06/2013 at right L4-L5 and L5-S1 with 75% improvement of symptoms reported. The patient also received the same injection on 05/16/2013 with 75% improvement up to ten weeks. Also the patient has history of L4-L5 laminectomy/discectomy performed on 09/06/2007. The current medications dated 12/02/2013 include: Norco 10/325 mg, Topamax, naproxen, ibuprofen. Without medications the patient's VAS score is 10/10 and with medications 5/10. The diagnostic studies reviewed include MRI of the lumbar spine dated 03/20/2013 revealing: 1) There is prior posterior h hemilaminectomy at L4-L5. There is no evidence of arachnoiditis. 2) There is mild disc degeneration at L4-L5 and L5-S1. There is 3-4 mm right greater than left broad-based posterior disc protrusion at L4-L5 contributing to mild bilateral L4-L5 recess stenosis and mild spinal canal stenosis. Mild right L4-L5 foramina encroachment is also shown. Approximately a 3 mm thick curved linear annular fissure at the right posterolateral disc margin is identified. 3) There is a 3.5 mm right paracentral and posterolateral disc protrusion at L5-S1 contributing to moderate right L5-S1 lateral recess stenosis with potential for impingement on the traversing right S1 nerve. A progress report dated 12/02/2013 documented the patient's pain is significantly less and range of motion has improved dramatically. There was increase in the muscle spasm and cramping particularly in lower extremities and right side of the lower back since the injection. The patient's complaints are mainly on the right side which includes the spasm, cramping and throbbing pain. Her activity has increased and she has been able to reduce her medication. There has been improvement with numbness and tingling in the right lower extremity and there is still symptomatic right shoulder pain secondary to rotator cuff tear. The patient has shown compliance with consistent random urine drug screens and the patient has signed a pain

medication agreement. Objective findings on exam include negative facet sign. The patient has right sided lumbar paraspinous tenderness with 1-2 muscle spasm. The range of motion of lumbar spine flexion to 40 degrees, extension to 10 degrees, right lateral flexion at 10 degrees and left lateral flexion at 10 degrees. The patient had negative straight leg raising test bilaterally. The muscle power of the lower extremities includes anterior tibialis left 5/5 and right 4/5. Extensor hallucis longus left 5/5 and right 3/5 and peroneus longus left 5/5 and right 4/5. There is improvement in sensory right L5 dermatome and the patellar reflex on the left is 1+ and absent on the right side. The Achilles reflexes on left 2+ and right 0. Diagnoses: Lumbar sprain/strain with associated radiculopathy at right L5, Right L4-L5 paramedian disc protrusion with L5-S1 right paracentral disc bulge, and Status post L4-L5 discectomy. A utilization report dated 01/30/2014 states the request for postoperative LSO sag-coronal panel prefab was not authorized as there was no indication that there is a fusion or that instability is present. A specific reason is not given as to why bracing would be necessary for the type of surgery performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE DME: ASPEN LSO 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Back brace, post operative (fusion).

Decision rationale: According to the CA MTUS guidelines, lumbar corset is not recommended for treatment. According to the ODG, back brace post operatively is understudy, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. There is conflicting evidence, so case by case recommendations are necessary (few studies though lack of harm and standard of care). There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. Although there is a lack of data on outcomes, there may be a tradition in spine surgery of using a brace post-fusion, but this tradition may be based on logic that antedated internal fixation, which now makes the use of a brace questionable. The medical records document the patient was diagnosed with lumbar sprain/strain with radiculopathy at L5, right L4-L5 disc protrusion and L5-S1 right paracentral bulge, and status post L4-L5 discectomy. Progress report dated 1/13/2014 revealed the patient was authorized for mico-discectomy at L4-L5 and L5-S1 levels. In the absence of documented benefits of using Aspen LSO brace compared to the ordinary braces, and as the guidelines do not support using a particular lumbar brace post surgical intervention, the request is not medically necessary according to the guidelines.