

Case Number:	CM14-0029173		
Date Assigned:	06/20/2014	Date of Injury:	03/03/2012
Decision Date:	07/17/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/07/2014

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 injured worker is a 40-year-old male who reported an injury on 03/03/2012. The mechanism of injury was not stated. Current diagnoses include severe lumbar spinal stenosis at L3-5, severe lumbar spine degenerative disc disease, L3-5 endplate edema, constant severe low back pain, right lower extremity radiating pain, and failure to respond to extensive nonsurgical treatment. The injured worker was evaluated on 05/13/2013. Physical examination revealed stiffness, guarding, tenderness to palpation, trigger points, spasm, and limited range of motion, positive straight leg raising, absent reflexes in bilateral ankles, decreased sensation, and diminished strength on the right. X-rays obtained in the office on that date indicated L3-5 severe degenerative disc disease with scoliosis at L1-S1. Treatment recommendations at that time included a lumbar laminectomy and discectomy at L3-5 with instrumentation. An operative note was then submitted on 06/18/2014, indicating that the injured worker underwent a lumbar laminectomy with bilateral foraminotomy, microdecompression, and microdiscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative LSO brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

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 (postoperative) fusion.

Decision rationale: Official Disability Guidelines state a postoperative back brace is currently under study for a fusion but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom postoperative brace. As per the documentation submitted, the injured worker recently underwent a lumbar laminectomy at L3-4 and L4-5 with foraminotomy and microdecompression with microdiscectomy. Official Disability Guidelines state postoperative back braces are currently under study for a lumbar fusion. Therefore, the injured worker does not meet criteria. As such, the request is not medically necessary.

Pain pump purchase: 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 Chapter.

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: Official Disability Guidelines do not recommend postoperative pain pumps. Studies conclude that infusion pumps did not significantly reduce pain levels. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.