

<b>Case Number:</b>	CM14-0032436		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	02/01/1999
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 claimant is a 61-year-old gentleman who injured on February 1, 1999 sustaining a low back injury while lifting. Secondary complaints were to the neck, right upper extremity and shoulder. Specific to the claimant's low back, there is evidence of a prior lumbar discography from December 2, 2013 from L2-3 through L4-5. L4-5 was not performed as the claimant was with a prior level of fusion. He was noted to be with pain at all three levels. Follow-up report of December 23, 2013 indicates significant difficulty with activities of daily living due to underlying low back pain for which he is utilizing chronic narcotic medication. Physical examination showed hip strength at 4/5 with remainder of lower extremities with full strength. There was no tenderness to palpation. There was restricted range of motion. Previous MRI scan was reviewed on that date that showed disc desiccation at L3-4 and L4-5 with the L4-5 level being with a 2 millimeter disc protrusion. Plain film radiographs failed to document flexion/extension instability. Based on failed conservative care, surgical intervention was recommended in the form of L3-4 and L4-5 anterior posterior interbody fusion with instrumentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST OPERATIVE LSO BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 9, 298, 301.

**Decision rationale:** California MTUS Guidelines would not support the role of a postoperative LSO brace. The need for operative intervention has not been established, thus negating the need for this postoperative device. The request for post operative LSO brace is not medically necessary.

**PNEUMATIC INTERMITTENT COMPRESSION DEVICE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment In Worker's Comp, 18th Edition, 2013 Updates: Forearm/Wrist/Hand Procedure - Vasopneumatic Devices Recommended As An Option To Reduce Edema After Acute Inju.

**Decision rationale:** California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, pneumatic compression device also would not be indicated as the role of operative intervention has not been established. The request for pneumatic intermittent compression device is not medically necessary.

**30 DAY RENTAL COLD THERAPY UNIT FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339.

**Decision rationale:** California MTUS Guidelines currently would not support the role of a Cryotherapy device for the lumbar spine for a 30 day rental. The need for the surgical process has not been established, thus negating this postoperative device. The request for 30 day rental cold therapy unit for the lumbar spine is not medically necessary.

**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; Knee And Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment In Worker's Comp, 18th Edition, 2013 Updates: Low Back Procedure - Bone Growth Stimulators (BGS).

**Decision rationale:** MTUS Guidelines are silent. Official Disability Guideline criteria would not support the role of a bone growth stimulator as the need for operative intervention has not been established. The request for bone growth stimulator is not medically necessary.