MAXIMUS Federal Services

Case Number:	CM14-0033573		
Date Assigned:	06/20/2014	Date of Injury:	06/02/2004
Decision Date:	08/12/2014	UR Denial Date:	02/22/2014
Priority:	Standard	Application Received:	03/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 60 year old male who reported an injury to his low back. The clinical note dated 02/17/14 indicates the injured worker complaining of severe levels of low back pain that was constant. The injured worker also reported radiating pain to both lower extremities. The note indicates the injured worker's previous treatments included an epidural steroid injection which did provide temporary improvement. The injured worker rated the pain as 8/10. Radiating pain was identified into the dorsal and plantar aspects of the foot as well as the posterior thigh. The injured worker was ambulating with an antalgic gait and was utilizing a single point cane. 4/5 strength was identified with ankle dorsa flexion. According to the note, the injured worker underwent a magnetic resonance image in December of 2013 which revealed severe facet arthropathy at L4-5 and L5-S1 as well as severe bilateral recess at L4-5. Moderate stenosis of the lateral recess was identified at L5-S1 and moderately severe stenosis was identified at the lateral recess of L3-4. The note also indicates the injured worker being recommended for an L3 through S1 bilateral laminotomy with posterior spinal instrumentation and fusion. The injured worker was also recommended for an LSO brace in the postoperative setting as well as an intermittent compression device as well as physical therapy. The agreed medical evaluation dated 12/24/13 indicates the injured worker continuing with lumbar region pain along with numbness and tingling in the lower extremities all the way to the toes. The injured worker stated the initial injury occurred in 2010 when he was involved in a motor vehicle accident. The clinical note dated 10/22/13 indicates the injured worker having absent reflexes at both ankles as well as 4/5 strength at the right hip flexors. The utilization review dated 07/02/14 resulted in a denial for an L3 through S1 laminotomy and foraminotomy. The request also included a lumbar sacral orthotic brace which was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME - LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic).

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, Lumbar supports.

Decision rationale: The documentation indicates the injured worker complaining of ongoing low back pain. An LSO brace is indicated in the postoperative setting following a fusion surgery in the lumbar region. No information was submitted regarding the injured worker undergoing a fusion in the lumbar region. Without this information, it is unclear if the injured worker would benefit from an LSO brace at this time. Therefore, this request is not indicated as medically necessary.