MAXIMUS Federal Services

Case Number:	CM14-0051147		
Date Assigned:	07/07/2014	Date of Injury:	10/10/2011
Decision Date:	08/21/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/18/2014

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 47-year-old female who reported an injury on 10/10/2011. The mechanism of injury was lifting weights. Prior treatments included physical therapy, acupuncture, epidural steroid injection and radiofrequency ablation. The specific mechanism of injury was not provided. The injured worker underwent a right L5-S1 minimally invasive foraminotomy and discectomy on 12/27/2011 followed by a lumbar fusion of L5-S1 on 12/28/2012. The documentation of 04/28/2014 revealed the injured worker had complaints of low back pain radiating down the right leg and L5-S1 spondylolisthesis. The injured worker had been treated with an L5-S1 hardware block with 80% improvement in the leg and back pain. The physical examination revealed tenderness to palpation of the right deep gluteal area causing pain to radiate down to the right foot. The neurologic evaluation revealed 5/5 strength. Sensation to light touch along the right lateral aspect of the distal leg and foot, had less painful hyperesthesias but more tingling. The reflexes were 1+ at the right knee and at the ankles bilaterally. The diagnoses included lumbar strain, industrially related aggravation of L5-S1 spondylolisthesis with disc herniation, L5-S1 grade 1 isthmic spondylolisthesis with disc herniation, status post right L5-S1 MIS TLIF on 12/28/2012, right Piriformis Syndrome and symptomatic hardware. The treatment plan included a removal of the hardware at L5-S1 with exploration of the fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back (updated 03/18/14), 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 indicate that the use of back braces postoperatively is under study. The clinical documentation submitted for review indicated the injured worker would be undergoing a 1 level procedure. There is lack of documentation indicating a necessity for a postoperative back brace. There was no DWC form RFA or PR2 submitted with the requested service. Given the above, the request for Lumbar Back Brace is not medically necessary.