

Case Number:	CM14-0056589		
Date Assigned:	07/09/2014	Date of Injury:	06/21/2011
Decision Date:	10/07/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/25/2014

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 General Surgery, has a subspecialty in Surgical Critical Care 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 45 year old male who was injured on June 21, 2011. The mechanism of injury is a fall. The diagnoses are listed as spondylolisthesis congenital (756.12). The most recent progress note dated 3/4/14, reveals complaints of low back pain into his bilateral lower extremities. Pain increases with prolonged standing, walking, and sitting was noted. Current medications include Tramadol and Aleve. Physical examination revealed severe paraspinal spasm, tenderness to palpation over the lumbar musculature, sciatic notch tenderness; forward flexion was 30/60 and extension 10/25, straight leg raise was positive on the right, straight leg raise on the left was positive at 30 degrees with with pain to left lower extremity sensory was decreased in the lower extremities over the posterior aspect of the calf and heel, bilateral lateralis anterior and extensor hallucis longus was 4+/5, gastrocnemius peroneus longus strength was 4/5 bilaterally, Bilateral patellar tendon reflexes were 2+ and tendoAchilles was 0 bilaterally. Diagnostic imaging studies entailed Xrays of the lumbar spine which showed bilateral pas fracture, grade 1 spondylolisthesis at L5 to S1 with approximately 5 millimeters of motion on flexion and extension Xrays, L4 to L5 level was stable. Prior treatment includes medications, lumbar spine surgery, and postoperative physical therapy. A prior utilization review determination dated 3/27/14 resulted in denial of a orthotic brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotic Brace: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, Lumbar supports; indication for lumbosacral fusion surgery

Decision rationale: The office notes documents the claimant has spondylolisthesis with segmental instability of 5 millimeter motion at L5-S1. It seems the claimant is being considered for lumbar fusion but is not immediately a candidate as he continues to smoke which is major risk factor. The request for an orthotic brace is to address the segmental instability as demonstrated on flexion-extnsion views leading to radiculopathy while awaiting a demonstrable length of time of smoking cessation. Therefore the lumbar orthotic/back brace is reasonable. This would also be available for post operative bracing.