

Case Number:	CM14-0059327		
Date Assigned:	07/09/2014	Date of Injury:	06/06/2008
Decision Date:	08/22/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/30/2014

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 Spine Surgeon, 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 54-year-old female who reported an injury on 06/06/2008 due to a fall. The injured worker reportedly sustained an injury to her left knee, right shoulder, and lumbar spine. The injured worker was evaluated on 02/19/2014 and it was noted that the injured worker underwent a discogram on 02/13/2014. There was concordant pain reproduction of the L3-4 and L4-5 with normal L5-S1 control. It was noted that the injured worker had mechanical low back pain with radiation into the right lower extremity and paresthesia extending to the toes. The injured worker's diagnoses included an L3-4 and L4-5 discogenic low back pain. A request was made for L3-4 and L4-5 anterior lumbar interbody fusion with PEEK cage and fixation devices. A request was also made for a postsurgical lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of lumbar brace postoperatively: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain (Acute & Chronic), Procedure Summary; for excessive motion criteria see AMA Guides, 5th Edition page 384 (relative angular motion greater than 20 degrees) (Andersson, 2000), (Luers, 2007); AMA Guides, 5th Edition page 379 (Lumbar inter-segmental movement of more than 4.5mm), (Andersson, 2000).

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 requested purchase of a lumbar brace postoperatively is not medically necessary. California Medical Treatment Utilization Schedule does not address postoperative bracing. Official Disability Guidelines do recommend postoperative bracing for multilevel surgery. The clinical documentation does indicate that the injured worker's treatment plan includes a 2 level fusion. However, the clinical documentation submitted for review does not provide any evidence that the patient's surgical intervention has been authorized or is scheduled. Therefore, postsurgical management would not be indicated in this clinical situation. As such, the requested purchase of a lumbar brace postoperatively is not medically necessary.