

Case Number:	CM14-0066766		
Date Assigned:	07/11/2014	Date of Injury:	06/20/2011
Decision Date:	08/19/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/12/2014

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 43-year-old male who reported an injury on 06/22/2011. The mechanism of injury was not stated. Current diagnoses include unstable L5-S1 isthmic spondylolisthesis, bilateral neural foraminal narrowing, central annular tear and protrusion, right lumbosacral radiculopathy, drug recovery, and right subarticular narrowing with disc herniation. The injured worker was evaluated on 04/03/2014, with complaints of low back and bilateral lower extremity pain. Physical examination revealed trace reflexes bilaterally, weakness on the right, diminished sensation in the right lower extremity, and limited range of motion. Treatment recommendations at that time included decompression and fusion at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Physical Therapy 2 x 4 week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 22 Page(s): 22.

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative to land based physical

therapy. Aquatic therapy can minimize the effects of gravity and it is specifically recommended where reduced weight bearing is desirable. As per the documentation submitted, the injured worker has been issued authorization for a lumbar discectomy and fusion. However, there is no indication that this injured worker will be non-weight bearing following surgery. There is no mention of a contraindication to land-based physical therapy as opposed to aquatic therapy. As such, the request is not medically necessary.

Trimod Brace Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Back brace, post operative (fusion).

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Official Disability Guidelines state a back brace following a lumbar fusion is currently under study, and given the lack of evidence, a standard brace would be preferred over a custom postoperative brace. As per the documentation submitted, it is noted that the injured worker has been issued authorization for a lumbar discectomy and fusion. However, there is no mention of a contraindication to a standard brace as opposed to the requested specific brand. As such, the request is not medically necessary.