MAXIMUS Federal Services

Case Number:	CM14-0070798		
Date Assigned:	07/14/2014	Date of Injury:	12/30/2006
Decision Date:	10/01/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/16/2014

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 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 64-year-old female who reported an injury on 12/30/2006. The mechanism of injury was not provided in the medical records. She was diagnosed with status post revision lumbar spine instrumentation fusion surgery. Her past treatments have included medications, activity limitations, surgery, and physical therapy. She underwent a lumbar surgery on 02/17/2014, which consisted of the removal of a pedicle screw fixation at L5-S1. An undated Letter of Medical Necessity indicated that the injured worker would require a lumbosacral orthosis with anterior, posterior, and lateral control, to be used following her lumbar surgery. It was noted that she would require this brace for use during all activity, with the exception of sleeping, for approximately 6 months. It was also noted that she would require a corset front to aid in compression, and barrier padding around the surgical site. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Full Corset Front: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pressure Barrier Padding x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Lumbosacral Orthosis with Anterior, Posterior and Lateral Control: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Low Back, 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, Back brace, post operative (fusion).

Decision rationale: According to the Official Disability Guidelines, the use of postoperative back braces after fusion surgery is under study due to conflicting evidence of benefit. The guidelines further state that there is no scientific information showing benefit of bracing for improving fusion rates or clinical outcomes following fusion surgery, and mobilization after these procedures is logically better for the health of adjacent segments. The clinical information submitted for review indicated that the injured worker underwent a lumbar revision surgery with removal of hardware on 02/17/2014 and was recommended to use a postoperative brace and associated supplies for 6 months. However, as the guidelines indicate that the use of postoperative back braces is under study based on lack of evidence of benefit, the request is not supported. As such, the request for a lumbosacral orthosis and associated supplies is not medically necessary.