

Case Number:	CM14-0079413		
Date Assigned:	07/18/2014	Date of Injury:	07/31/2012
Decision Date:	09/19/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/29/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 57-year-old gentleman who was reportedly injured on July 31, 2012. The mechanism of injury is noted as bending over to lift a cover for a gravestone. The most recent progress note dated April 24, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated full range of motion of the lumbar spine with pain. There was a negative straight leg raise test and decreased sensation at the right lateral thigh. Diagnostic imaging studies degenerative disc disease at L4 - L5 and L5 - S1 with laminectomy changes at L5, narrowing of the lateral recess at L4 - L5 and severe right neural foraminal narrowing at L5 - S1. Previous treatment includes lumbar spine surgery times 2, lumbar epidural steroid injections, physical therapy, chiropractic care and oral medications. A request was made for a thoracolumbar orthosis and a postoperative external bone stimulator and was not certified in the pre-authorization process on May 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracolumbosacral Orthosis (TLSO) Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back: Back Brace, Postoperative Fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar and Thoracic, Lumbar Support, Updated August 22, 2014.

Decision rationale: A review of the medical record indicates that there is no schedule or approved upcoming lumbar spine surgery. Considering this, the request for a thoracolumbar orthosis (TLSO) brace is not medically necessary.

Postoperative External Bone Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back; Official Disability Guidelines (ODG): Leg and Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Low Back - Lumbar and Thoracic, Bone Growth Stimulator, Updated August 22, 2014.

Decision rationale: A review of the medical record indicates that there are no scheduled or approved lumbar spine surgeries for the injured employee; therefore this request for a postoperative external bone stimulator is not medically necessary.