

Case Number:	CM14-0086879		
Date Assigned:	07/23/2014	Date of Injury:	09/09/2003
Decision Date:	09/19/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/10/2014

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 & Rehabilitation, and is licensed to practice in California. 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 52-year-old female who sustained work-related injuries on September 9, 2003. She has history of migraine headaches, diabetes, hypertension, hypothyroidism, arthritis, and depression. Per medical records dated June 12, 2014, she complained of back pain and joint pain rated at 8/10 located at the lower back and mostly localized but shoots up the back sometimes and sometimes down the legs. This caused her not to be able to stand for more than 10 minutes. She made use of a spinal cord stimulator on March 27, 2014 and reported that it was not working as the trial did. She was noted to be suffering from low back pain due to multiple generators including disc compression in facet arthropathy with neuroforaminal compression. She also had spinal fusion in 2007 and 2009 and has ongoing pain and limited function. Due to the implanted spinal cord stimulator she was asked to immobilize her spine until her implants stabilizes thus the need for lumbar spine brace. She was also noted to be status post laminectomy at L2 with no fusion at that level. Objectively, she was not able to sit for more than 15 minutes. A lumbar spine examination revealed range of motion was limited with flexion and extension which caused pain on movement. Motor strength was 4/5 on the bilateral lower extremities. Deep tendon reflexes were 1+ on the bilateral ankles and bilateral knees. Straight leg raise test was positive bilaterally for radicular signs until at 60 degrees. Moderate and midline tenderness with muscle guarding was noted. A lumbar spine magnetic resonance imaging (MRI) scan without contrast performed on April 3, 2013 noted multiple hyperintense area demonstration on both kidneys most compatible with cysts though they are not completely characterized on the magnetic resonance imaging (MRI) examination. Pedicular screws are placed bilaterally from L2 through L4. There is also an anterior screw placed through the anterior inferior aspect of L3 and L4 and the anterior posterior aspect of S1. Previously, there was an intra-pedicular screw placement from L3 through S1 on prior study. L4-5: interbody spacer placement and removal of

the posterior inter-pedicular screws. There was fusion of the L4 and L5 vertebral bodies. Mild clumping of the nerve roots suggesting mild ongoing or prior arachnoiditis at L4-L5 level. She is diagnosed with (a) lumbar disc with radiculitis, (b) degeneration of lumbar disc, and (c) lumbar post-laminectomy syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines - Lumbar Support.

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 Official Disability Guidelines (ODG) Low Back, Back brace, post operative (fusion).

Decision rationale: According to evidence-based guidelines, lumbar supports or braces are only recommended as an option for treatment of compression fractures, spondylolisthesis, documented instability and treatment of non-specific low back pain and this is under study for postoperative usage. A review of this injured worker's records indicates that she does not have any of the indications presented. Although she underwent low back surgery and fusion in the past, the request is currently beyond the documented post-operative rehabilitation period of the lumbar surgeries or fusion she had. Also, current diagnostic imaging studies reveal that her prior lumbar fusion surgeries are fused well therefore there is no indication of any spinal instability and the specific spinal pain generators have been identified. Therefore, the medical necessity of the requested lumbar brace is not established.