

<b>Case Number:</b>	CM14-0196147		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	06/24/1998
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 New York. 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 patient is a 65-year-old male with a date of injury of June 24, 1998. The patient has chronic low back pain. On physical examination patient has tenderness to the lumbar spine. The patient has a well-healed previous surgical scar. The patient has a painful range of lumbar motion. The patient had previous L4-5 fusion surgery in 2012. The patient had previous L4-S1 decompression fusion surgery in 2013. X-ray show fractures at L3-4. At issue is whether additional surgery and other modalities are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 post-op use of LSO brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG low back pain chapter

**Decision rationale:** ODG guidelines do not recommend the use of a lumbar brace after degenerative lumbar spine surgery. There is no documentation of instability in the medical

records. Guidelines do not support the use of a postoperative brace has degenerative back surgery. Therefore, 1 post-op use of LSO brace is not medically necessary.

**1 bone graft stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG back chapter

**Decision rationale:** The medical records do not document that this patient is at risk for lumbar spine fusion nonunion. The patient has no documented risk factors for nonunion. Additionally the medical records do not document more than 3 levels of spinal fusion in 1 operation. Criteria for bone growth stimulator not met. Therefore, 1 bone graft stimulator is not medically necessary.

**1 Home Health Aid 4 hours a day for 5 days a week for 8 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7- Home Health Services; section 50.2 (Home Health Aide Services)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines, MTUS low back chapter

**Decision rationale:** The medical records do not indicate that the patient will be homebound after the surgery. The medical records do not document the patient is not able to are and not able to partake in outpatient physical therapy. Criteria for home health aid not met based on documentation the medical records. Supporting documentation for home health aid did not present in the medical records. Therefore, 1 Home Health Aid 4 hours a day for 5 days a week for 8 weeks is not medically necessary.