

<b>Case Number:</b>	CM15-0106198		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	10/07/1996
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 51-year-old male who sustained an industrial injury on 10/07/1996. Diagnoses include retrolisthesis, spinal stenosis and facet arthropathy. Treatment to date has included medications, physical therapy, epidural steroid injections, acupuncture, chiropractic care and spinal cord stimulator with subsequent removal. Notes dated 1/13/15 stated the IW had gone back to Mexico for back surgery after his symptoms of loss of bowel and bladder control increased, as well as his leg symptoms. A laminotomy at L3-4 was performed there. This improved his symptoms initially, but his left leg pain was returning. According to the progress notes dated 4/7/15 the IW reported low back pain that radiated down the right leg rated 8/10. On examination, pain was worse with standing and range of motion. Straight leg raise was positive on the right. Decreased sensation was noted on the right in the L4 dermatome distribution. MRI of the lumbar spine on 2/9/15 revealed foraminal stenosis at L5-S1. Electrodiagnostic testing showed findings consistent with L4, L5 and S1 radiculopathy. X-rays of the lumbar spine on 4/7/15 showed severe foraminal stenosis at L5-S1 and retrolisthesis of L5 on S1 with instability on flexion and extension. A request was made for inpatient length of stay five days, post-operative purchase of 3-1 commode and post-operative purchase of a custom-molded thoracolumbosacral brace for anticipated laminectomy/fusion surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Length of stay (LOS) inpatient for 5 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), 2015, Low Back chapter, Hospital length of stay.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Hospital length of stay (LOS).

**Decision rationale:** Based on the 04/23/15 progress report provided by treating physician, the patient presents with back pain. The patient is status post laminotomy at L3-4 performed in Mexico. The request is for ASSOCIATED SURGICAL SERVICE: LENGTH OF STAY (LOS) INPATIENT FOR 5 DAYS. Patient's diagnosis per RFA dated 04/21/15 included retrolisthesis, instability, spinal stenosis, annular tear, and facet arthropathy. Physical examination on 04/23/15 revealed increased pain on standing and range of motion. Decreased sensation on right L4 on neurologic examination. Positive straight leg raise on the right. Treatment to date has included medications, physical therapy, epidural steroid injections, acupuncture, chiropractic care and spinal cord stimulator with subsequent removal. The patient is permanent and stationary, per 06/10/15 report. Per 04/07/15 report, treater recommends Laminectomy Posterior Spinal fusion with Instrumentation posterior lateral Interbody Fusion at L5-S1. UR letter dated 05/01/15 states that surgery and medical clearance were certified. In this case, with regards to the request for hospital stay length of stay, ODG states 3 days are indicated for the patient's procedure. The current request for 5 days exceeds allowed amount based on ODG data. This request is not in accordance with guideline recommendations. Therefore, the request IS NOT medically necessary.

**Post-op purchase: 3-1 commode: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 13th Edition (Web), 2015, Knee and Leg chapter, Durable medical equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and leg chapter, DME.

**Decision rationale:** Based on the 04/23/15 progress report provided by treating physician, the patient presents with back pain. The patient is status post laminotomy at L3-4 performed in Mexico. The request is for POST-OP PURCHASE: 3-1 COMMODOE. Patient's diagnosis per RFA dated 04/21/15 included retrolisthesis, instability, spinal stenosis, annular tear, and facet arthropathy. Physical examination on 04/23/15 revealed increased pain on standing and range of motion. Decreased sensation on right L4 on neurologic examination. Positive straight leg raise on the right. Treatment to date has included medications, physical therapy, epidural steroid injections, acupuncture, chiropractic care and spinal cord stimulator with subsequent removal. The patient is permanent and stationary, per 06/10/15 report. Treater has not provided medical rationale for the request. Per 04/07/15 report, treater recommends Laminectomy Posterior Spinal fusion with Instrumentation posterior lateral Interbody Fusion at L5-S1. UR letter dated 05/01/15 states that surgery and medical clearance were certified. In this case, the patient does have physical limitations based on physical examination findings and will be postoperative for

authorized lumbar surgery. The request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

**Post-op purchase: custom molded thoracolumbosacral orthotic (TLSO) brace: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 13th Edition (Web), 2015, Low Back chapter, Back brace, post operative (fusion).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low Back: Lumbar & Thoracic Chapter, under Back brace, post operative (fusion).

**Decision rationale:** Based on the 04/23/15 progress report provided by treating physician, the patient presents with back pain. The patient is status post laminotomy at L3-4 performed in Mexico. The request is for POST-OP PURCHASE: CUSTOM MOLDED THORACOLUMBOSACRAL ORTHOTIC (TLSO) BRACE. Patient's diagnosis per RFA dated 04/21/15 and 06/02/15 included retrolisthesis, instability, spinal stenosis, annular tear, and facet arthropathy. Physical examination on 04/23/15 revealed increased pain on standing and range of motion. Decreased sensation on right L4 on neurologic examination. Positive straight leg raise on the right. Treatment to date has included medications, physical therapy, epidural steroid injections, acupuncture, chiropractic care and spinal cord stimulator with subsequent removal. The patient is permanent and stationary, per 06/10/15 report. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. " ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Low Back: Lumbar & Thoracic Chapter, under Back brace, post operative (fusion) states: "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. There is conflicting evidence, so case-by-case recommendations are necessary (few studies though lack of harm and standard of care). There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. " Per appeal letter dated 06/02/15, treater states "custom TLSO brace that to be used post operatively. The brace will protect the surgery site as well to provide stability during the first weeks after surgery. The brace also helps protect the patient in case of a fall or accident. It also limits certain movements that could cause re-injury or aggravation. " However, ODG guidelines state that back braces are "under study for post-operative use. " Furthermore, treater has requested a custom brace, and ODG states that "given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace." Given lack of guideline support, this request IS NOT medically necessary.

