

Case Number:	CM15-0140149		
Date Assigned:	07/30/2015	Date of Injury:	03/19/2014
Decision Date:	09/11/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/20/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 47 year old female, who sustained an industrial injury on March 19, 2014. Treatment to date has included transforaminal epidural steroid injection, work restrictions, medications, home exercise program, and MRI of the lumbar spine. Currently, the injured worker complains of left leg pain and ambulated with a left antalgic gait. She has difficulty with heel walking due to weakness and has positive left straight leg raise test. She has weakness of the left ankle and slight diminished sensation of the left foot. Her reflexes were diminished bilaterally and symmetrically. She had full bilateral hip range of motion. The evaluating physician notes that she has exhausted conservative measures for her moderate L4-L5 stenosis. An MRI of the lumbar spine on December 8, 2014 revealed multilevel degenerative changes of the lumbar spine most prominent at L4-5 where there is disc bulge and facet arthropathy causing moderate left neural foraminal narrowing with possible mass effect on the exiting left L4 nerve root. The diagnoses associated with the request include lumbar stenosis, disc herniation, sciatica and lumbosacral sprain-strain. The treatment plan includes right L4-5 lumbar laminectomy-laminotomy with assistant surgeon, lumbar brace, and hot-cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - p. 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG: Section: Low Back. Topic: Back brace, post-operative.

Decision rationale: California MTUS guidelines indicate lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG guidelines indicate that the use of postoperative back braces after a fusion is under study. However, there is lack of evidence supporting the use of these devices after a laminectomy. As such, the request for a back brace is not medically necessary.

Associated surgical service: purchase hot/cold therapy unit with wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cold packs.

Decision rationale: ODG guidelines recommend continuous-flow cryotherapy after surgery on the shoulder and knee but not for the lower back. The general period of use is 7 days. Cold packs are recommended for the lower back. As such, the request for hot/cold therapy machine and wrap is not medically necessary.