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| Case Number: | CM15-0192608 | | |
| Date Assigned: | 10/06/2015 | Date of Injury: | 06/09/2011 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 09/10/2015 |
| Priority: | Standard | Application Received: | 09/30/2015 |

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: Emergency Medicine

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 54 year old female, who sustained an industrial injury on June 09, 2011. The injured worker was diagnosed as having spondylolisthesis at lumbar four to five Grade I with annular tear, status post lateral lumbar interbody fusion performed on April 09, 2013 and April 10, 2013 with "significant improvement" of the leg pain post-operatively with residual back pain with intermittent leg symptoms, and cervical disc protrusions at cervical five to six, cervical four to five, and cervical six to seven, left sacroiliitis and sacroiliac joint pain, and right sacroiliac joint pain with positive compression distraction testing and positive Faber's testing. Treatment and diagnostic studies to date has included aquatic physical therapy, psychotherapy, use of a lumbar brace, medication regimen, chiropractic therapy, acupuncture, epidural injections, status post lumbar decompression, left sacroiliac injection, and magnetic resonance imaging of the lumbar spine. In a progress note dated August 27, 2015 the treating orthopedic physician reports complaints of pain to the back and neck. Examination performed on August 27, 2015 was revealing for an antalgic gait, pain to the sacroiliac joint, decreased range of motion to the lumbar spine, and positive Faber's testing. On August 27, 2015, the treating physician requested a lumbosacral orthosis brace for extra support with the orthopedic physician noting the injured worker's fusion is "mostly complete" and that when the injured worker wears the brace for activities "she does feel better and she can actually function more including longer periods of sitting, standing, and walking. It does improve her function." On September 10, 2015, the Utilization Review denied the retroactive request for lumbosacral orthosis brace on August 27, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro 8/27/15 LSO Lumbar Brace: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

Decision rationale: The requested Retro 8/27/15 LSO Lumbar Brace is medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker has pain to the back and neck. Examination performed on August 27, 2015 was revealing for an antalgic gait, pain to the sacroiliac joint, decreased range of motion to the lumbar spine, and positive Faber's testing. On August 27, 2015 the treating physician requested a lumbosacral orthosis brace for extra support with the orthopedic physician noting the injured worker's fusion is "mostly complete" and that when the injured worker wears the brace for activities "she does feel better and she can actually function more including longer periods of sitting, standing, and walking. It does improve her function." The treating physician has documented spondylolisthesis at lumbar four to five Grade I with annular tear, status post lateral lumbar interbody fusion performed on April 09, 2013 and April 10, 2013 with "significant improvement" of the leg pain post-operatively with residual back pain with intermittent leg symptoms. The treating physician has documented s/p fusion, and spondylolithesis. The criteria noted above having been met, Retro 8/27/15 LSO Lumbar Brace is medically necessary.