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| Case Number: | CM15-0201974 | | |
| Date Assigned: | 10/16/2015 | Date of Injury: | 12/12/2014 |
| Decision Date: | 11/30/2015 | UR Denial Date: | 10/09/2015 |
| Priority: | Standard | Application Received: | 10/14/2015 |

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: Illinois, California, Texas
 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:

This injured worker is a 43-year-old male who sustained an industrial injury on 12/12/14. Injury was reported due to pushing and pulling boxes. Past medical history was positive for diabetes. Social history was positive for occasional rare tobacco and alcohol use. Conservative treatment includes facet joint injections, physical therapy, medications, and activity modification. The 9/12/15 lumbar spine MRI impression documented mild congenital stenosis of the spinal canal, narrowing of the left L4/5 and right L5/S1 lateral recesses, and moderate narrowing of the proximal right neural foramen at L4/5. At L4/5, there was moderate stenosis of the proximal neural foramen due to facet joint prominence, and flattening of the exiting nerve root. At L5/S1, there was a right paracentral disc protrusion and annular fissure measuring up to 5 mm displacing the right S1 nerve root. The 9/24/15 treating physician report cited low back pain radiating into the right lower extremity down the S1 nerve distribution, and on the left side into the posterior thigh only. Physical exam documented L4-S1 tenderness, numbness over the posterior right calf, normal lower extremity strength and deep tendon reflexes, and positive straight leg raise bilaterally. The diagnosis was lumbago and lumbar radiculopathy. Authorization was requested for foraminal decompression, right-sided L5/S1 microdiscectomy and left-sided L4/5 microdiscectomy, and associated requests for a lumbar brace and pre-operative clearance. The 10/9/15 utilization review certified the request for foraminal decompression, right-sided L5/S1 microdiscectomy and microdiscectomy at left sided L4/5. The request for lumbar brace was non-certified as lumbar brace were not recommended for

post-operative use. The request for preoperative clearance was non-certified as there was no rationale given to support the medical necessity for pre-operative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 1 lumbar brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Back brace, post-operative (fusion).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

Decision rationale: The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. The use of a lumbar support in the post-operative period for pain control is reasonable and supported by guidelines. Therefore, this request is medically necessary.

1 pre-operative clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged males have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, comorbidities, tobacco use and the risks of undergoing anesthesia. Therefore, this request is medically necessary.