MAXIMUS Federal Services

Case Number:	CM15-0029080		
Date Assigned:	02/23/2015	Date of Injury:	07/01/2014
Decision Date:	05/08/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/17/2015

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: Oregon, California
Certification(s)/Specialty: Neurological 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 56-year-old male who reported an injury on 07/01/2014. The mechanism of injury was not specifically stated. The current diagnoses include lumbago and acquired spondylolisthesis. The injured worker presented on 02/09/2015 for a follow-up evaluation with complaints of persistent low back pain. The injured worker had been previously treated with physical therapy, spinal injections, acupuncture, and medication management. It was also noted that the injured worker was a current smoker, using 3 cigarettes per week. The injured worker was highly motivated to return to work. Upon examination, there was positive midline tenderness to palpation, full range of motion with the exception of limited extension to 10 degrees, 5/5 motor strength in the bilateral lower extremities, intact sensation, and normal deep tendon reflexes. Negative bilateral straight leg raise was noted. Recommendations at that time included a bilateral L4-5 laminectomy with posterior spinal fusion, instrumentation, and TLIF. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Labs [CBC, Chem 7, PT/INR, PTT, UA): 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), Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. In this case, there was no documentation of a significant medical history or any comorbidities to support the necessity for preoperative laboratory testing. As such, the request is not medically appropriate at this time.

Webster LSO back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines indicate, a postoperative back brace is currently under study for a lumbar fusion, but given the lack of evidence supporting the use, a standard brace is preferred over a custom postoperative brace. While it is noted that the injured worker has been issued authorization for an L4-5 posterior spinal fusion, the medical necessity for a specific Webster brace has not been established. The guidelines do not address the level of specificity to justify the requested specific brand name. Given the above, the request is not medically appropriate.