

Case Number:	CM15-0218244		
Date Assigned:	11/10/2015	Date of Injury:	02/19/2014
Decision Date:	12/22/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/05/2015

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 28-year-old male who sustained an industrial injury on 2/19/14. Injury occurred when he tripped while carrying two 8-foot lengths of angle iron on his shoulder weighing 50-60 pounds. He stumbled and the weight of the iron shifted forward, forcing his body down into forward flexion. He struggled to keep from dropping the angle iron and kept from falling forward. He reported gradually increasing low back pain, severe by the end of the day. Conservative treatment included physical therapy, medications, lumbar support, facet injections, and activity modification. The 4/18/14 lumbar spine MRI documented a multiloculated extradural cystic lesion extending from the lower L4 level to S1 with extension into the right L4/5 and L5/S1 foramen. Findings were most compatible with an extradural arachnoid cyst. There was mass effect on the exiting right L4 and bilateral L5 and S1 nerve roots. The 5/12/15 lumbosacral x-rays showed minimal intervertebral disc space narrowing at L4/5 with no evidence of fracture or dislocation. The 7/20/15 treating physician report cited constant grade 7/10 low back pain radiating to the bilateral lower extremities with associated numbness and tingling. Physical exam documented moderate loss of lumbar range of motion with moderate lumbar paravertebral muscle tenderness. Nerve tension signs were positive bilaterally. There was sensory deficit over the bilateral L5 and S1 dermatomes. There was 4/5 weakness over the bilateral quadriceps, extensor hallucis longus, gastrocnemius and peroneus longus muscle groups. The diagnosis was lumbar herniated nucleus pulposus with arachnoid cysts at L4/5 and L5/S1 bilaterally, bilateral lower extremity radicular pain and paresthesia, and intermittent claudication. The treatment plan recommended lumbar laminotomy and

decompressive surgery at L4/5 and L5/S1 with post-op durable medical equipment including an off-the-shelf lumbar brace. Authorization was requested for an Apollo LSO brace purchase. The 10/9/15 utilization review non-certified the request for an Apollo LSO braces purchase as bracing is not indicated following a two-level laminectomy and decompressive process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Apollo LSO 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), 2015, Low Back Chapter- Back Brace Post 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.