MAXIMUS Federal Services

Case Number:	CM15-0045087		
Date Assigned:	03/16/2015	Date of Injury:	12/03/2011
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/09/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67-year-old male who sustained a work related injury December 3, 2011. According to a primary treating physician's progress report dated January 30, 2015, the injured worker presented with complaints of low back pain with radiation into both legs. An epidural steroid injection, #3, was not authorized. Diagnoses included lumbago; unspecified thoracic/ lumbosacral neuritis; displaced lumbar intervertebral disc. Treatment plan included discussion of L4-L5 fusion; pros, cons, and risks, and medications. A requests for authorization, dated February 6, 2015, requests L4-L5 posterior interbody decompression fusions, allografting, inpatient medical clearance, back brace and walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back 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, Lumbar and Thoracic, Back Brace, Postoperative, updated January 30, 2015.

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 - Lumbar & Thoracic (Acute & Chronic), Back brace (post-operative fusion).

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for radiating low back pain. A lumbar fusion is being planned. Use of a post-operative back brace after a fusion is under study but can be considered on a case-by-case basis. If used, a standard brace would be preferred over a custom post-op brace depending on the experience and expertise of the treating physician. In this case, the claimant's surgeon has evaluated the claimant and is planning the surgery and post-operative care. The brace is requested to facilitate recovery after surgery and is considered medically necessary.

Walker: 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) Knee and Leg, Walking Aids, updated February 5, 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Prevention of Venous Thromboembolism in Surgical Patients. Circulation. 2004;110:IV-4-IV-12.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for radiating low back pain. A lumbar fusion is being planned. In the absence of additional risk factors, early and persistent mobilization is recommended in patients undergoing elective spinal surgery. In this case, the claimant is not expected to have restricted weight bearing after the planned procedure and therefore the requested walker is not medically necessary.