

Case Number:	CM15-0088288		
Date Assigned:	05/12/2015	Date of Injury:	05/01/2000
Decision Date:	06/12/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/07/2015

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:

The injured worker is a 62-year-old male who sustained an industrial injury on 5/1/00. The mechanism of injury was not documented. Past surgical history was positive for lumbar fusion with interbody spacer at L5/S1 and posterior decompression laminectomy. The 11/2/10 bilateral lower extremity EMG/NCV documented right L5 and bilateral S1 sensory radiculopathies. The 11/19/14 treating physician report indicated that the spinal cord stimulator had been irritating to the injured worker and there was no need for it. Records indicated that conservative treatment had included medications, activity modification, back brace, and cane for ambulation. The lumbar support was reported as helpful and allowed for partial pain relief. The 4/15/15 spine surgeon report cited continued significant discomfort. The injured worker's spinal cord stimulator was non-functional and he was awaiting authorization for removal. An MRI could not be performed until the spinal cord stimulator was removed. Physical exam documented marked loss of lumbar range of motion with normal neurologic examination. The treatment plan recommended removal of his spinal cord stimulator which was non-functioning with a proud battery, which is dysfunction at this point. An MRI should be done following removal of the spinal cord stimulator. A 4/30/15 request was submitted for spinal cord stimulator removal and post-op lumbar brace corset. The 5/4/15 utilization review certified the request for spinal cord stimulator removal but non-certified the request for lumbar brace corset. There was no rationale provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative lumbar brace corset: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. 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. Guideline criteria have been met for post-operative treatment. This patient has reported prior benefit with the use of a lumbar support for pain relief. Therefore, this request is medically necessary.