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| Case Number: | CM15-0241999 | | |
| Date Assigned: | 12/21/2015 | Date of Injury: | 04/15/2014 |
| Decision Date: | 01/29/2016 | UR Denial Date: | 12/03/2015 |
| Priority: | Standard | Application Received: | 12/11/2015 |

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 63 year old male, who sustained an industrial injury on 04-15-2014. He has reported injury to the neck and low back. The diagnoses have included cervical and lumbar strain; cervical and lumbar disc injury multilevel; myofascial pain syndrome; bilateral shoulder strains; right leg pain-sciatica; L4-5 lumbar spondylolisthesis with stenosis, neurogenic claudication; and mild lumbar L5-S1 degenerative disc disease without stenosis. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation), massage, acupuncture, chiropractic therapy, physical therapy, and home exercise program. Medications have included Motrin, Norco, Naproxen, and Prilosec. A progress report from the treating physician, dated 11-17-2015, documented a follow-up visit with the injured worker. The injured worker reported pain in his neck that radiates down his left shoulder past the elbow into all his fingers; most of the pain involves his left long finger; all the fingers of his left hand get numb; pain in his back that radiates down his right hip, thigh to the anterior lateral leg and foot; he notes numbness and tingling of both of his legs; sometimes left leg numbness; he feels that his right foot is weak when he is driving; he has pain with walking and sitting; he can only walk a few minutes; and he has not been working. Objective findings included midline tenderness to palpation of the cervical spine, thoracic spine, and lumbar spine; range of motion is full, without spasm or asymmetry; positive left Spurling's maneuver; motor strength in right lower quad is 4+ out of 5; positive right straight leg raise; and hip range of motion is irritable bilaterally. The provider noted that x-rays show "L4-5 anterolisthesis that increases to 10 mm in flexion and decreased to 6 mm in extension". The provider noted that MRI of the lumbar spine, dated 11-09-

2015, demonstrated "L4-5 mild disc bulge with 6 mm degenerative anterolisthesis causing moderate central canal stenosis with effacement of the lateral recesses and moderate bilateral foraminal narrowing; at L5-S1 there is a broad central 2 mm disc protrusion with several annular fissures; central canal and neural foramina are patent". The provider is recommending surgical intervention with lumbar fusion. The treatment plan has included the request for post-op BOA (back orthotic appliance) LSO (lumbosacral orthosis). The original utilization review, dated 12-03-2015, non-certified the request for post-op BOA LSO.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pos-op BOA LSO: 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: 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), Lumbar supports and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

Decision rationale: The claimant sustained a cumulative, work injury while working as an Auto Mechanic with date of injury in April 2014. He continues to be treated for chronic pain including radiating neck and radiating low back pain. Treatments referenced include massage, acupuncture, physical therapy, and use of TENS. When seen in November 2015 complaints included low back pain radiating to the right hip and thigh and anterolateral leg and foot. He was having numbness and tingling in both legs. He sometimes felt his right foot was weak while driving. Physical examination findings included midline lumbar tenderness with positive right straight leg raising. Imaging results were reviewed including flexion/extension x-rays of the lumbar spine showing instability at L4/5 with anterolisthesis. An MRI of the lumbar spine in June 2014 had shown findings of moderate canal and foraminal stenosis at L4/5 and an L5/S1 disc protrusion. Authorization for an L4/5 decompression and fusion and post-operative brace is being requested. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, a lumbar fusion is being planned for instability at the L4/5 level. An off the shelf orthosis is being requested. The requested post-operative lumbar brace is medically necessary.