

Case Number:	CM14-0162204		
Date Assigned:	10/07/2014	Date of Injury:	03/29/2012
Decision Date:	11/07/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/02/2014

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. The expert reviewer is Board Certified in Orthopedic Spine Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old female who reported an injury on 03/29/2012. The mechanism of injury was the injured worker was assisting another employee lift a barrel filled with liquid that had fallen off a pallet and she injured her back and shoulder. The injured worker's medications included Terocin patches and Terocin lotion. Prior therapies included physical therapy, medication, chiropractic care, an epidural steroid injection, and a right sacroiliac joint injection. The surgical intervention, including a lumbar laminectomy L4-5 bilateral, 2 day inpatient stay, purchase of the off shelf back brace, front wheel walker, and 24 visits postoperative, were found to be not medically necessary. The injured worker, however, was noted to be certified for a laminectomy and discectomy at L4-5. The injured worker underwent an EMG and an MRI of the lumbar spine. There was no rationale or Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative, off the shelf back brace for the lumbar spine: 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), Low Back Chapter

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 there is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disc disease. The original request was noted to be for a lumbar laminotomy. The documentation indicated that the laminotomy was not medically necessary and as such a back brace would not be necessary. There was a lack of documentation of exceptional factors to warrant the necessity of a postoperative off the shelf back brace for the lumbar spine. Given the above, the request for postoperative off the shelf back brace for the lumbar spine is not medically necessary.