

Case Number:	CM14-0218439		
Date Assigned:	01/09/2015	Date of Injury:	09/14/2007
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: California

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:

This is a 60 year old female with an injury on 9/14/07 who complains of ongoing lumbar spine, right knee and right ankle pain. On 5/20/14, she underwent lumbar fusion with instrumentation at L4/5 and L5-S1 and right knee arthroscopy on 8/5/13. Current treatments include medications. Diagnoses include chronic pain syndrome, obesity, chronic pain, degenerative disc disease and back pain. (MRI) magnetic resonance imaging of lumbar spine was performed on 9/12/14 and revealed L4-L5 anterior/posterior fusion procedure, but disc space remains visualized, posterior decompression, moderate to severe degree of right greater than left foraminal stenosis and solid anterior fusion with anterolisthesis of L5-S1 with bilateral foraminal stenosis. EMG studies performed on 9/11/14 revealed a normal study. CT Lumbar Myelogram performed on 9/12/14 revealed fusion procedure at L4-L5; however a solid fusion is not identified lucency about the posterior lateral fusion, solid fusion L5-S1 and foraminal stenosis bilaterally at L4-L5 and L5-S1. PR2 dated 12/2/14 revealed diminished range of motion of lumbar spine (no other abnormalities were noted) and diagnoses of cervical radiculopathy, lumbar radiculopathy and internal derangement of right knee joint. She was to continue her pain medication. A Request for Authorization dated 12/4/14 was for a lumbar spine brace. On 12/8/14 Utilization Review non-certified a lumbar brace due to lack of information as the current physician's evaluation was not received and cited ODG/lumbar supports, not recommended for prevention.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME PURCHASE FOR A LUMBAR SPINE: Upheld

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): 300-303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Low Back Chapter, Lumbar Supports

Decision rationale: Regarding the request for lumbosacral orthosis, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar supports are not recommended for prevention. They go on to state the lumbar support are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. Within the documentation available for review, it does not appear that this patient is in the acute or subacute phase of his treatment. The patient had spine surgeries in 2011 and 2013 including lumbar fusion. CT Lumbar Myelogram and Lumbar MRI were performed on 9/12/14. These studies revealed fusion procedure at L4-L5, solid fusion L5-S1 and foraminal stenosis bilaterally at L4-L5 and L5-S1. The pedicle screws at L4-5 do not encroach neural elements. There is no documentation of compression fracture or instability. In fact, dynamic films/imaging are not submitted, and no acute spinal instability is documented. As such, the currently requested lumbosacral orthosis is not medically necessary.