

Case Number:	CM15-0112080		
Date Assigned:	06/18/2015	Date of Injury:	12/09/2011
Decision Date:	07/21/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/10/2015

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 53-year-old male who sustained an industrial injury on 12/09/11. Injury occurred when he was working on a 6 foot ladder that was on a 4-foot platform and ladder slipped. He jumped off the ladder, landing on his right side on a concrete floor. The 12/11/14 lumbar spine MRI revealed disc desiccation at L5/S1 with associated disc height loss at L5/S1. At L5/S1, there was diffuse disc herniation combined with facet joint and ligamentum flavum hypertrophy causing spinal canal, bilateral lateral recess, and bilateral neuroforaminal stenosis with normal nerve roots. The 1/7/15 bilateral lower extremity electrodiagnostic study evidenced mild acute right L5 radiculopathy. Conservative treatment included epidural steroid injection, home exercise program, lumbar brace, TENS unit, physical therapy, chiropractic, acupuncture, and medications. The patient has been under psychological care. The 1/14/15 treating physician report cited increased lower back pain radiating down both the right posterior leg into the foot with associated numbness, tingling, and weakness. Pain was aggravated by twisting, turning, and bending activities. Sitting, standing and walking were limited to 30 minutes. The injured worker was using a lumbar spine brace daily and an interferential unit, and was relying on medications for on-going pain. Pain had not allowed him to return to work. Lumbar spine exam documented right sided weakness in toe/heel walk, paraspinal muscle guarding and tenderness, right sciatic notch tenderness, and spinous process tenderness at L5/S1. There was limitation in lumbar range of motion, and right great toe extensor and anterior tibialis weakness. There was hypesthesia of the lateral right leg and entire dorsum of the right foot, greater laterally. Deep tendon reflexes were +3 and symmetrical at the knees. Achilles reflexes were 1+ right and 2+ left. X-rays

showed a loss of disc space at L4/5 with anterior osteophyte and slight degenerative spondylolisthesis. At L5, findings were suggestive of a pars defect with possible isthmic spondylolisthesis and spondylosis defect. There was no translational or angular instability on flexion/extension x-rays. The diagnosis was degenerative disc disease primarily at L5/S1 with possible isthmic spondylosis and right lower extremity radiculopathy. Failure of conservative treatment, including lumbar bracing, was discussed. The treatment plan recommended L5/S1 decompression and fusion. Authorization was requested for a lumbar brace. The 5/14/15 utilization review non-certified the request for lumbar brace citing the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associate surgical service: Lumbar brace, quantity: 1: 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 (updated 04/29/15) Online Version: Back brace, Post operative.

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. This injured worker has been using a lumbar support brace on a daily basis. There is no evidence that the brace is no longer effective or requires replacement. There is no evidence that the requested surgical procedure has been found medically necessary. Therefore, this request is not medically necessary at this time.