

Case Number:	CM15-0124833		
Date Assigned:	07/09/2015	Date of Injury:	12/04/1995
Decision Date:	08/05/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/29/2015

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:

This injured worker is a 50-year-old female who sustained an industrial injury on 12/4/95. Injury occurred relative to moving offices with onset of back pain. Past surgical history was positive for multilevel lumbar surgeries including anterior discectomy with anterior and posterior fusions L2/3, L3/4, L4/5, L5/S1, and permanent spinal cord stimulator implant in November 2007. The 4/17/15 bone scan impression documented intense tracer uptake at the anterior L1/2 disc space with an old L1 compression fracture and kyphotic deformity with a small disc bulge and prominent anterior osteophytes, with no findings suggestive of an infectious process or pseudoarthrosis of the L2-S1 levels. The 5/11/15 orthopedic report documented review of the recent SPECT CT scan with evidence of complete adjacent segment breakdown at L1/2, opening of the facet joint that was arthritic and hypertrophied, and central and subarticular stenosis. The treatment plan recommended anterior lumbar interbody fusion at L1/2 followed by posterior stabilization at L1/2, removal of the posterior hardware except at L2 and L3, and exploration of the fusion mass. Given the long-level fusion, a bone growth stimulator was requested. Authorization was requested for an LSO brace to be worn in the post-operative period and cold therapy unit to help with post-operative pain and inflammation. The 6/5/15 utilization review certified the request for XLIF at L1/2 and revision of posterior hardware with posterior spinal fusion and instrumentation at L1/2 with extension to L5, and one bone growth stimulator. The request for a lumbosacral orthosis (LSO) brace was non-certified citing lack of evidence based medical guideline support and potential harm to adjacent segments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative durable medical equipment lumbar sacral orthosis (LSO) brace: 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 - Lumbar & Thoracic (Acute & Chronic): Back brace, post operative (fusion).

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. The use of a lumbar support in the post-operative period for pain control is reasonable and supported by guidelines. Therefore, this request is medically necessary.