

Case Number:	CM15-0171384		
Date Assigned:	09/28/2015	Date of Injury:	07/24/2013
Decision Date:	11/06/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/31/2015

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: California, Oregon, Washington
 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 46 year old male who reported an industrial injury on 7-24-2013. His diagnoses, and or impressions, were noted to include: sacroiliac joint dysfunction; severe lumbosacral neural foraminal stenosis; low back pain with right sciatic-type changes; rule-out lumbar radiculopathy right lumbar 1-2; lumbar disc syndrome; lumbar 5 - sacral 1 degenerative disc disease with mechanical back pain and right sciatica; status-post lumbar fusion, lumbar 4-5, with satisfactory result (1999) - incomplete; and bilateral recess stenosis, moderate-sever on the right lumbar 5 - sacral 1. Recent computed tomography studies of the lumbar spine were done on 6-22-2015, noting an incomplete lumbar 4-5 fusion (1999), as per the 6-25-2015 progress notes; x-rays of the lumbar spine on 7-15-2015; and magnetic resonance imaging of the lumbar spine were said to have been done on 8-8-2014. His treatments were noted to include: a home exercise program with moist heat and stretching; surgical consultation (5-21-15); right lumbar 5 - sacral 1 transforaminal epidural steroid injection (5-8-15); right sacroiliac joint injection (7-14-15); medication management; and a return to restricted, full-time work . The neuro surgery progress notes of 6-25-2015 reported: continued back and right leg pain, post Ray cage fusion at lumbar 4-5 that did not appear complete on computed tomography scan. The objective findings were noted to include: significant discomfort with complaints of back and right leg pain; a right leg limp; positive right straight leg raise; depression of the right extensor hallucis longus, grade 4 out of 5; slight depression of the right knee jerk; review of the computed tomography scan and the recommendation for pedicle screws to be place at lumbar 4-5 & sacral 1 levels, bilaterally. The physician's requests for treatment was for pedicle screws to be place at lumbar 4-5 & sacral

1 levels, bilaterally . The 7-15-2015 Operative Report noted a bilateral lumbar 5 and sacrum 1 pedicle screw fixation; lumbosacral arthrodesis and bilateral laminectomy with neural foraminotomy and discectomy; lumbosacral interbody graft; duraplasty; allograft autograft fusion; and instrumentation surgery. The Request for Authorization, dated 7-15-2015, was noted for the purchase of 1 lumbosacral decompression and 1 lumbar derotation pad. The Utilization Review of 8-6-2015 non-certified the requests for lumbar decompression and a lumbar derotation pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral decompression orthosis with derotation pad: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Review of the medical records show that the request is for a lumbar back brace with a derotation pad. The review will pertain to this request. CA MTUS/ACOEM guidelines, Chapter 12, page 301 states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." A back brace used after surgery is under study for fusion and currently not recommended post operatively for any surgery. Therefore, the request does not meet recommended guidelines and determination is for non-certification.