

Case Number:	CM15-0171911		
Date Assigned:	09/14/2015	Date of Injury:	08/26/1998
Decision Date:	10/19/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/01/2015

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

Certification(s)/Specialty: Emergency Medicine

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 63-year-old male, who sustained an industrial injury on 8-26-1998. The medical records indicate that the injured worker is undergoing treatment for recurrent disc herniation, L3 through S1, with advanced discogenic changes, modic changes, and endplate deterioration as well as marked arthropathy at each level; status post left L3-S1 laminoforaminotomies and microdiscectomies (5-13-2013). According to the progress report dated 3-9-2015, the injured worker complains of constant, severe, sharp, stabbing, throbbing, aching, and burning low back pain with radiation down into the left thigh, associated with numbness, tingling, and weakness. The level of pain is not rated. The report did not document a detailed physical examination with objective findings. The examination on 6-6-2015 reveals decreased range of motion and positive straight leg raise and Kemp's test bilaterally. Treatment to date has included medication management, chiropractic, MRI studies, and surgical intervention. The progress reported from 6-2-2015 noted his disability status as temporarily totally disabled. The plan of care included a request for a 4 month extension for L3 through S1 posterior spinal fusion and decompression, secondary to recent detached retina surgery (February 2015). The original utilization review (8-19-2015) had non-certified a request for purchase of lumbar spine orthosis (LSO) brace postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of lumbar spine orthosis (LSO) brace postoperatively: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Summary.

Decision rationale: As per ACOEM Guidelines, lumbar supports such as LSO has no lasting benefits beyond acute phase for symptom relief. It may provide some benefit post-operatively. Review of records show that requested lumbar surgery is not medically necessary. Due to non-certification of lumbar surgery, there is no indication for LSO brace postoperatively.