

Case Number:	CM15-0041267		
Date Assigned:	03/11/2015	Date of Injury:	05/09/2014
Decision Date:	05/13/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/04/2015

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 29-year-old female who sustained an industrial injury on 05/09/14, relative to a slip and fall. The 9/30/14 lumbar spine MRI impression degenerative disc disease and a tear in the posterior annular of the disc at L5/S1, small posterior disc herniation at L5/S1, 2-3 mm retrolisthesis of L5/S1, and severe combined congenital and degenerative right and left neuroforaminal stenosis at L5/S1 at the sites of the right and left L5 nerves. The 2/12/15 treating physician report cited on-going and worsening lower back pain radiating into the lower extremities with numbness and tingling. Physical exam tenderness to palpation from L4 to S2, no spasms or sacroiliac joint tenderness, left sciatic tract irritation, limited range of motion, symmetrical deep tendon reflexes, and positive straight leg raise bilaterally. The diagnosis included degenerative disc disease, and disc herniation L5/S1 with neuroforaminal stenosis. Request was submitted for an L5/S1 laminectomy/discectomy, 14 day rental of cold therapy unit, and one back brace. The 2/24/15 utilization review certified a request for L5/S1 laminectomy. The associated request for lumbar back brace was non-certified as not supported by guidelines and documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: 1 Lumbar back 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), Treatment Index, 11th Edition (web), 2014, Low Back/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 state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Guideline criteria have been met. This patient is certified for an L5/S1 laminectomy/discectomy. The use of a post-operative brace for pain control and stabilization is consistent with guidelines. Therefore, this request is medically necessary.