

Case Number:	CM15-0062168		
Date Assigned:	04/08/2015	Date of Injury:	07/07/2009
Decision Date:	05/19/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	04/01/2015

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: 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 38-year-old male who sustained an industrial injury on 7/7/09. Injury occurred while standing at attention for a prolonged period of time. The 11/18/14 lumbar spine MRI demonstrated a 3-4 mm disc herniation with annular tear at L4/5 and a 9 mm disc herniation at L5/S1 with bilateral lateral recess stenosis, significant bilateral facet disease at L5/S1, and facet arthropathy at L4/5 and L5/S1. The 12/3/14 electrodiagnostic study evidenced bilateral S1 radiculopathy, left greater than right. The 2/18/15 surgical consult report cited constant low back pain associated with severe shooting pains into the posterolateral legs, left greater than right. Pain was exacerbated with walking, bending, and getting in and out of a vehicle. He had severe difficulty sleeping. Comprehensive conservative treatment had failed to provide sustained relief. Physical exam documented big toe extension and ankle plantar flexion weakness bilaterally, diminished left Achilles reflex, and decreased bilateral S1 dermatomal sensation. Past medical history was reported as negative. X-rays showed a rudimentary disc at S1/2 with severe disc space collapse at L5/S1 with anterior osteophytes. The diagnosis was L5/S1 9 mm disc herniation with S1 radiculopathy, L4/5 mild disc herniation and L5/S1 facet arthropathy. Authorization was requested for L5/S1 discectomy with possible stabilization / fusion. The 3/2/15 utilization review certified the request for L5/S1 discectomy and possible fusion, 2-day inpatient hospital stay, and pre-operative medical clearance. The request for lumbar brace was non-certified as there was a lack of evidence to support the use of braces after either discectomy or fusion. The request for an OrthoFix bone growth stimulator was non-certified as there was there was no evidence in the records that the injured worker presented with any of the clinical specifics that would warrant use of a bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Lumbar 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 - Low Back - Lumbar & Thoracic (Acute & Chronic).

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. Guideline criteria have been met. The use of a post-operative brace is consistent with guidelines for pain control and stability. Therefore, this request is medically necessary.

Associated surgical service: OrthoFix bone growth stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic Bone growth stimulators (BGS).

Decision rationale: The California MTUS guidelines are silent regarding bone growth stimulators. The Official Disability Guidelines indicate that bone growth stimulators are under study and may be considered medically necessary as an adjunct to lumbar spinal fusion surgery for patients with any of the following risk factors for failed fusion: 1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit; (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. Guideline criteria have not been met. There is no evidence in the provided records that this injured worker has any of the guideline risk factors to support the medical necessity of this request. Fusion was requested for a single level. Therefore, this request is not medically necessary.

