

Case Number:	CM15-0066437		
Date Assigned:	04/14/2015	Date of Injury:	06/29/2010
Decision Date:	05/21/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/07/2015

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: Physical Medicine & Rehabilitation

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 48-year-old male, who sustained an industrial injury on 6/29/10. He reported neck pain, bilateral shoulder pain, and low back pain. The injured worker was diagnosed as having status post lumbar spine fusion at L5-S1, status post painful retained hardware at L4-5, status post bilateral L4-5 pedicle screw hardware injection on 9/10/14, lumbar post-surgical spine syndrome, lumbar facet syndrome, and severe neural foraminal narrowing at L4-5 on left with impingement of nerve root with hypertrophic bond from graft protruding into the left L4-5 neural foramina causing stenosis. Treatment to date has included left L4-5 decompressive surgery on 2/6/15, C5-7 fusion in 2011, physical therapy, and medications. A MRI of the lumbar spine performed revealed left foraminal narrowing from hypertrophic bone extending into the inferior aspect of the neural foramen without nerve impingement. L3-4 mild disc bulge and facet hypertrophy without foraminal canal stenosis was also noted. Currently, the injured worker complains of neck pain, right upper extremity numbness and tingling, and low back pain with radiation to the left lower extremity along the posterior thigh. The treating physician requested authorization for a lumbar spine orthosis Aspen Summit brace model #637.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Aspen Summit brace model #637: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines, Low Back - Lumbar & Thoracic Chapter, lumbar supports.

Decision rationale: Per the 02/07/15 Acute Pain Management Progress note by [REDACTED], the patient is s/p 02/06/15 hardware removal and re-instrumentation surgery. A copy of this operative reports is included for review. The current request is for LSO ASPEN SUMMIT BRACE MODEL #627. The RFA is not included; however, the 03/03/15 utilization review states it is dated 02/25/15. The report does not state if the patient is currently working. ACOEM guidelines page 301 on lumbar bracing state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Low Back - Lumbar & Thoracic Chapter, lumbar supports topic, states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." The requesting physician and surgeon, [REDACTED] does not discuss this request in the reports provided for review. [REDACTED] states this request is for lumbar spine support and was recommended by the surgeon, [REDACTED]. This request is for post-operative bracing and a standard brace is requested as allowed by the ODG guidelines. However, these guidelines state due to lack of evidence supporting use of the device use is dependent on the experience and expertise of the treating physician. No rationale is provided by [REDACTED] for use of this device. There is no evidence of fracture, dislocation, instability, spondylolisthesis. The request IS NOT medically necessary.