

Case Number:	CM15-0079724		
Date Assigned:	04/30/2015	Date of Injury:	01/27/2014
Decision Date:	07/08/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/27/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 58 year old male, who sustained an industrial injury on 01/27/2014. He has reported injury to the low back. The diagnoses have included lumbar spine radiculopathy and discopathy; thoracic/lumbar spine sprain; lumbar instability, L5-S1, due to L5 pars defect; and L4-5 central and foraminal stenosis due to degenerative changes of the disc and facet joints. Treatment to date has included medications, diagnostics, injection, and physical therapy. Medications have included Ibuprofen, Tramadol, Hydrocodone, Naproxen, and Omeprazole. A progress note from the treating physician, dated 02/17/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain with stiffness and limitation of motion; pain is rated at 7-8 on a scale of 0-10; severe pain, numbness, tingling, and weakness of his left lower extremity radiating to his foot; and ongoing sciatic pain is rated 7-8 on a scale of 0-10. Objective findings included diffuse tenderness of the lumbar spine to pressure palpation; palpation of the left sciatic notch elicited irritation of the sciatic nerve; markedly positive left straight leg raise examination; and lumbar range of motion limited by pain. The treatment plan has included surgical intervention and the request for bone stimulator, walker, cane, LSO (lumbosacral orthosis) brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone 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 (ODG), Bone growth stimulators.

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.

Decision rationale: CA MTUS does not address the use of bone stimulators. The ODG states that bone stimulators are recommended for non-union of long bones or fresh fractures with significant risk factors. In this case, the patient does not meet the criteria for a bone stimulator which is as follows: risk factors for a failed fusion, including previous failed fusion; grade III spondylolithesis, fusion at more than one level, smoker, diabetic, renal disease, alcoholism or osteoporosis. Therefore the request is deemed not medically necessary or appropriate.

Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Walking aids.

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, assistive devices.

Decision rationale: ODG states that assistive devices such as walkers to aid ambulation can reduce pain in patients with osteoarthritis. In this case, the patient should be able to walk following surgery, and rationale is not given for the necessity of a walker and it is thus deemed not medically necessary.

Cane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Walking aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

Decision rationale: The request is for a cane following spinal surgery. CA MTUS does not address this issue. The ODG does not address regarding the low back, however the knee section states that assistive devices such as a cane may help reduce pain associated with osteoarthritis. In this case, a proper rationale for the necessity of cane following low back surgery is not provided, therefore the request is deemed not medically necessary.

LSO brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back brace, post operative.

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.

Decision rationale: CA MTUS does not address, however ODG states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptomatic relief. There is no adequate rationale provided as to the therapeutic benefit of an LSO brace and it thus deemed not medically necessary.