MAXIMUS Federal Services

| Case Number: | CM15-0096131 | | |
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| Date Assigned: | 05/26/2015 | Date of Injury: | 02/21/2013 |
| Decision Date: | 06/29/2015 | UR Denial Date: | 05/08/2015 |
| Priority: | Standard | Application Received: | 05/19/2015 |

## 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 52-year-old female who sustained an industrial injury on 2/21/13, relative to a trip and fall. Past surgical history was positive for right total knee replacement in July 2012. The 10/6/14 lumbar spine MRI impression documented a right focal disc bulge at L5/S1 extending 7 mm inferiorly along the posterior margin of the S1 vertebral body and small posterior annular tears at the L3/4 and L4/5 discs. The 11/6/14 spine surgeon report cited evaluation of continued low back pain, worse with lumbar flexion and Valsalva-type maneuvers. Symptoms were improved with chiropractic treatment, ice, rest, or lying down. Sitting and walking increased symptoms at time. She took 3-4 Norco a week and 3-4 Naprosyn a week. She was a current smoker, one pack per day for 25 years. She was reported under current psychiatric care for a bipolar disorder. Lumbar spine exam documented limited flexion and extension, normal lower extremity strength, and toes were down going with 1-2 beats of clonus bilaterally. Straight leg raise tests were negative. The diagnosis was lumbar/lumbosacral intervertebral disc degeneration. The treating physician report indicated that the injured worker had two distinct problems. She had cervical spine problems at C6/7 with right triceps weakness, hyperreflexia, positive Hoffman's, and bilateral clonus. She was somewhat clumsy at times. She also had marked degenerative L5/S1 disc with severe Modic endplate changes. The possibility of an anterior lumbar interbody fusion at L5/S1 had been previously discussed. The treatment plan indicated that she was return to discuss the cervical MRI. A request for post-operative lumbar support was submitted. The 5/8/15 utilization review non-certified the request for a post-operative lumbar support as the associated request for surgery was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Lumbar Support:** 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), 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 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. The use of a lumbar support in the post-operative period for pain control may be reasonable, but there is no evidence in the medical records that a lumbar spine surgery has been certified. Therefore, this request is not medically necessary.