

Case Number:	CM14-0172968		
Date Assigned:	10/23/2014	Date of Injury:	04/13/2010
Decision Date:	11/25/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in Orthopedic Spine Surgery, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male who reported an injury on 04/13/2010. The mechanism of injury was the injured worker was moving some iron panels from his truck. Prior therapies included physical therapy and medications. The injured worker underwent an MRI in 2010 and 2014. The medications were not provided. The treatment plan included an L4-S1 laminectomy assistant surgeon, intraoperative monitoring, 1 day in hospital stay and a lumbar spine orthosis and DVT unit rental. The surgical intervention was approved. The documentation of 08/18/2014 revealed the injured worker had 60 to 70% pain in his back. The injured worker's medications included triamterene 1 daily and amlodipine 1 daily. The physical examination revealed the injured worker had a left L4-5 and L5-S1 greater than right sensory loss. The injured worker had decreased strength in ankle dorsiflexion of 4/5, plantar flexion with full weight bearing and EHL. The diagnoses included L4-5 central extrusion, left 8 mm left, L5-S1 central extrusion 5 mm. The treatment plan included a lumbosacral laminectomy L4-5 and L5-S1. There was no Request for Authorization submitted for the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR BRACE (LSO): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) Low Back Chapter, Back brace, post-operative (fusion)

Decision rationale: The Official Disability Guidelines indicate that mobilization after instrumented fusion is logically better for the health of the adjacent segments, and the routine use of back braces is harmful to this principle. The clinical documentation submitted for review failed to provide documented rationale for the necessity for a lumbar brace and failed to provide exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for lumbar brace (LSO) is not medically necessary.

DVT UNIT RENTAL: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Venous Thrombosis, Compression Garments.

Decision rationale: The Official Disability Guidelines indicate that injured workers should be assessed for risk of deep vein thrombosis. They additionally indicate that compression stockings are appropriate for the prevention of deep vein thrombosis. The clinical documentation submitted for review failed to provide that the injured worker had been assessed for risk of deep vein thrombosis. The request as submitted failed to indicate the duration of use. There was a lack of documentation indicating that the injured worker could not gain the same benefit from compression garments. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for DVT unit rental is not medically necessary.