

<b>Case Number:</b>	CM13-0026322		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	06/02/1997
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in New York and 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 physician 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

### 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 patient is a 53-year-old who reported a work-related injury on 06/02/1997; specific mechanism of injury was not stated. The clinical notes document the patient has been recommended to undergo lumbar laminectomy and discectomy at L3-4, L4-5, and L5-S1 with posterior interbody fusion. The clinical note dated 08/29/2013 reported review of the MRI of the patient's lumbar spine which revealed significant pathology to include 15 mm anterior broad-based disc bulge at L1-2; kyphotic deformity at L2-3 with severe disc space narrowing at the L2-3 level; at the L4-5 level, there was a posterior annular tear and moderate annular tear with 2 mm broad-based disc bulge. In addition, there was disc protrusion with impingement on nerve roots at the L5-S1 level. ██████████ examined the patient and recommended multilevel decompression and fusion of the patient's lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One pre-fabricated back brace for the lumbar spine to be used post-operatively for planned lumbar spine fusion:** 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 Official Disability Guidelines (ODG), Low back Chapter.

**Decision rationale:** California MTUS/ACOEM do not specifically address postoperative bracing subsequent to fusion. However, Official Disability Guidelines indicate back brace postoperative to a fusion is 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 patient has been recommended for a multilevel lumbar decompression and fusion. However, the clinical notes failed to evidence the requested operative procedures have been approved. The request for one pre-fabricated back brace for the lumbar spine to be used post-operatively for planned lumbar spine fusion is not medically necessary or appropriate.