

Case Number:	CM13-0044203		
Date Assigned:	12/27/2013	Date of Injury:	07/27/2010
Decision Date:	11/26/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/28/2013

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 Occupational Medicine, has a subspecialty in Family Practice and is licensed to practice in Ohio. 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 35-year-old male with a date of injury of July 27, 2010. The diagnoses include lumbosacral discogenic disease, thoracic discogenic disease, left L5 radiculopathy, and lumbar spinal stenosis. He complains of mid back pain radiating to the anterior chest wall and low back pain radiating to the left lower extremity. A thoracic MRI scan revealed multilevel disc protrusion and cord abutment with ligamentous flavum hypertrophy at T11-T12. A lumbar MRI scan revealed degenerative disc disease with a disc bulge at L4-L5 that compresses the L5 nerve root on the left. There is also lumbar spinal stenosis at this level. An electromyogram revealed evidence of left sided radiculopathy at L4, L5, and S1. The physical exam reveals tenderness and spasm of lumbar and thoracic spine with diminished range of motion of each. A straight leg raise test on the left is positive. There is diminished sensation in the L5 dermatome region. The injured worker has been treated with 3 lumbar epidural steroid injections and one thoracic epidural steroid injection. He has had chiropractic care and acupuncture. The last reviewed notation was from October 4, 2013 which suggested that a fusion was recommended but that a discogram was required first to ensure the proper fusion levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBOSACRAL ORTHOSIS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Back brace, post operative (fusion)

Decision rationale: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief and are not generally recommended for chronic low back pain. After a lumbar fusion, lumbar braces are 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. There is conflicting evidence, so case by case recommendations are necessary (few studies though lack of harm and standard of care). There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. Although there is a lack of data on outcomes, there may be a tradition in spine surgery of using a brace post-fusion, but this tradition may be based on logic that antedated internal fixation, which now makes the use of a brace questionable. For long bone fractures prolonged immobilization may result in debilitation and stiffness; if the same principles apply to uncomplicated spinal fusion with instrumentation, it may be that the immobilization is actually harmful. Mobilization after instrumented fusion is logically better for health of adjacent segments, and routine use of back braces is harmful to this principle. There may be special circumstances (multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, mid-lumbar fractures, etc.) in which some external immobilization might be desirable. In this circumstance, as of the date of last reviewable entry, the injured worker had not yet had back surgery; there is a note from the Agreed Medical Examiner from 8-14-2013 which stated that a back brace may be appropriate post-operatively whenever that were to occur. Because the injured worker had not yet had surgery, and because back braces are not indicated for chronic low back pain generally, a lumbosacral orthosis was not medically necessary up to the date of last chart entry, 10/4/2013.