

<b>Case Number:</b>	CM13-0045578		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Orthopedic Surgeon, has a subspecialty in Spine Surgery and is licensed to practice in California. 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. 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 patient is a 51 year old female who reported an injury on 08/29/2011. The patient is diagnosed with persistent right L5-S1 radiculopathy and L5-S1 disc degeneration. The patient was seen by [REDACTED] on 08/13/2013. The patient reported ongoing severe lower back pain with radiation to the right lower extremity. Physical examination revealed tenderness to palpation, positive straight leg raising, weakness, and diminished sensation. Treatment recommendations included authorization for a full facetectomy at L5-S1 and a posterior fixation and fusion procedure at L5-S1, followed by an anterior lumbar discectomy and interbody fusion at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of lumber brace for post-operative treatment of the lumbar spine:** 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Official Disability Guidelines states postoperative back braces are currently under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom postoperative brace. As per the documentation submitted, the patient's surgical procedure was not approved. As the patient's surgical procedure has not been authorized, the request for a lumbosacral orthosis is also not medically necessary. Additionally, there was no clear rationale as to why this patient would not benefit from a standard postoperative brace as opposed to a custom postoperative brace, as recommended by Official Disability Guidelines. Based on the clinical information received, the request is non-certified.