

<b>Case Number:</b>	CM13-0058769		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/06/2007
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 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 60-year-old female who was injured in a work related accident on 04/06/07. The clinical records for review in this case indicates specific request for the role of a replacement lumbar brace. The last clinical record for review is a 10/04/13 orthopedic follow up assessment with [REDACTED], where the claimant was with the following diagnoses, 1. Lumbar disc displacement, 2. Lumbago, 3. Lumbosacral neuritis, 4. Myospasm, and 5. Cervical dystonia. It states that an operative procedure in the form of lumbar fusion is being recommended, but at present, has not been approved. It states that there is a request for the role of a lumbar brace for the post-operative setting. The claimant's current clinical picture shows tenderness to palpation to the lumbar facets, restricted range of motion with positive straight leg raising, negative Faber testing and antalgic gait, and no documentation of neurologic findings. As stated, the approval for surgical process to include an anteroposterior fusion is being recommended. Further clinical records are not supportive.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**one replacement of Lumbar Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, and Online Version:

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)--Treatment in Worker's Comp, 18th edition, 2013 Updates: low back procedure - Lumbar supports.

**Decision rationale:** California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of a lumbar support in this case would not be indicated. The lumbar supports are not recommended for prevention, nor is there an indication for operative intervention supported yet at present in this individual. The absence of documentation of segmental instability, spondylolisthesis, or operative procedure to include fusion, this specific request in this case for continued use of bracing would not be indicated.