

<b>Case Number:</b>	CM14-0006670		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	01/25/2008
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Surgery, has a speciality 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 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:

This is a 43-year-old female patient with a 1/25/08 date of injury. 1/14/13 progress report indicates a broken down L5-S1 disk and surgical intervention is appropriate. Physical exam demonstrates loss off lumbar range of motion, tenderness over L4 and L5. The patient underwent previous L4-5 disk prosthesis placement. The patient was instructed to wear a brace postoperatively to prevent twisting or bending at the waist, as well as to allow her fusion to heal faster. The patient underwent anterior interbody discectomy and fusion at L5-S1 on 6/25/13. 6/4/13 progress report indicates persistent low back pain radiating to the lower extremities. Physical exam demonstrates antalgic gait, limited lumbar range of motion. 6/24/13 chart note indicates planned postoperative care, including lumbar brace, to prevent her from twisting or bending at her waist, allowing her fusion to heal faster. There is documentation of a previous 12/16/13 adverse determination for lack of guidelines support for bracing post lumbar fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LO SIGITT RIGID PANEL PREFAB:** Overturned

**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 rationale:** CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, however, ODG states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. The patient underwent adjacent segment fusion following previous L4-5 disc replacement. A post-operative back brace was prescribed to prevent her from twisting or bending at her waist, allowing her fusion to heal faster. Therefore, the request for a low rigidity panel prefab was medically necessary.