

<b>Case Number:</b>	CM14-0010904		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 34-year-old who has submitted a claim for lumbar disc displacement without myelopathy, and lumbar radiculopathy associated with an industrial injury date of January 28, 2013. Medical records from 2013 were reviewed. Patient complained of chronic low back pain radiating to the left lower extremity. Lumbar range of motion was restricted. Extensor hallucis longus strength was graded 4/5. Straight leg raise test was positive at the left. Hyporeflexia of the right patella was noted. Achilles reflexes were +1 symmetrically. Gait was antalgic. Treatment to date has included lumbar epidural steroid injection, hip arthroscopy, physical therapy, and medications. Utilization review from December 30, 2013 denied the request for lumbar corset flexible because the surgical procedure had been deemed not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR CORSET FLEXIBLE L1-L5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 Chapter, Back brace, post-operative (fusion).

**Decision rationale:** The Low Back Complaints Chapter of the ACOEM Practice Guidelines states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG only recommends back brace as an option for compression fractures. There is no scientific information on the benefit of bracing for clinical outcomes following instrumented lumbar fusion. There may be special circumstances (multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, mid-lumbar fractures) in which some external immobilization might be desirable. In this case, patient has been complaining of chronic back pain since industrial injury date of January 28, 2013, which is beyond the acute phase. Treatment plan is lumbar decompressive laminectomy with microdiscectomy. The planned procedure is not included in the list of special circumstances requiring back brace as stated above. Moreover, utilization review non-certified the planned operation. There is no indication for back brace at this time. Therefore, the request for Flexible lumbar corset for L1-L5 is not medically necessary or appropriate.