Case Number:	CM14-0011385		
Date Assigned:	02/21/2014	**Date of Injury:**	04/05/2012
Decision Date:	08/01/2014	**UR Denial Date:**	12/30/2013
Priority:	Standard	**Application Received:**	01/28/2014

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 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:

The patient is a 49-year-old male who has submitted a claim for status post L4-5 lumbar laminectomy and decompression of cauda equina associated with an industrial injury date of 04/05/2012. The medical records from 04/11/2013 to 03/11/2014 were reviewed and showed that the patient complained of constant low back pain (grade not specified), with radiation down the bilateral lower extremities. The physical examination revealed decreased lumbar lordosis. There was decreased lumbar range of motion, except for right lateral flexion. Manual Muscle Testing (MMT) of the bilateral lower extremities were 5/5 except for bilateral hip flexion and extension (4/5). Sensation to light touch was intact. An MRI of the lumbar spine dated 11/16/2012, revealed compression of the right L5 nerve root sleeve at the L4-5 level, annular tear at L5-S1, and central and left paracentral contained herniation at L3-4. An electromyography/nerve conduction velocity (EMG-NCV) study of bilateral lower extremities revealed right L5 radiculopathy. An x-ray of the lumbar spine dated 04/06/2012, revealed disc space narrowing at L3-4 and L4-5. The treatment to date has included bilateral decompressive lumbar laminectomy L4-5 levels and decompression of cauda equina (01/08/2013), physical therapy, thirty-four (34) visits of aquatic therapy, epidural cortisone injections, transcutaneous electrical nerve stimulation (TENS), lumbar brace, and pain medications. The utilization review, dated 12/30/2013, denied the request for chairback brace for lumbar laminectomy, because lumbar supports were not recommended for prevention and the patient was already one (1) year post-operative laminectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chairback brace for a lumbar laminectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2004 page 301 and Official Disability Guidelines, Low Back Chapter, Back Braces/Lumbar supports.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Supports.

Decision rationale: The Official Disability Guidelines indicate that that a lumbar support, such as chairback brace is not recommended for the prevention of back pain. A systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low back pain. In this case, the patient has been using a chairback brace since 01/22/2013, with documentation of low back pain persistence. The use of chairback brace is not in conjunction with guidelines recommendation. There is no discussion as to why variance from the guidelines is needed. Therefore, the request is not medically necessary.