

<b>Case Number:</b>	CM14-0131603		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	11/27/2009
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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:

This is a 53-year-old female with a 11/27/09 date of injury. She was working as a truck driver and banged her head against a frame. On 7/1/14, the patient complained of neck pain radiating to the left arm and left-sided back pain. She had severe pain in the low back radiating down the bilateral legs, right greater than left. Objective exam showed an antalgic gait. She had tenderness to palpation globally on the back and a positive SLR of the right lower extremity. There is decreased sensation at the right L4 level. Lumbar films on 7/1/14 showed worsened spondylolisthesis at L5-S1 with mild spondylolisthesis at L4-5 as well. MRI of the lumbar spine on 5/29/14 showed disc bulges at L3-4, L4-5, and L5-S1. There is thecal sac abutment at L4-5 and L5-S1. Diagnostic Impression: L5-S1 spondylolisthesis. Treatment to date: physical therapy, chiropractic care, acupuncture, ESI. A UR decision dated 7/25/14 denied the request for the custom brace due to the fact that the request for surgical intervention was deemed unnecessary, so the request for the post-op brace was also unnecessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom Molded TLSO Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Occupational Medical Practice 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.

**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 Low Back Pain as a conservative option. However, in the UR decision dated 7/25/14, it is documented that this request is for a post-operative brace. There is no documentation provided in regards to the authorization of an operative request. In addition, although the guidelines do support back braces for spondylolisthesis, it is unclear why the patient needs a custom brace as opposed to a standard back brace. Therefore, the request for Custom Molded TLSO brace is not medically necessary.