

Case Number:	CM14-0137776		
Date Assigned:	09/05/2014	Date of Injury:	04/29/2009
Decision Date:	10/03/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/26/2014

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 Louisiana. 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 claimant is a 53-year-old gentleman who injured his low back on April 29, 2009. The records provided for review the report of an MRI of the lumbar spine dated June 20, 2014 showing evidence of disc desiccation at L4-5 with a grade I anterolisthesis, stable in nature, and no evidence of flexion or extension changes on radiograph. The office visit dated July 11, 2014 revealed ongoing low back complaints worse with activity. Physical examination showed restricted range of motion and 4/5 tibialis anterior and EHL strength. Based on the MRI scan, the recommendation was made for an L4-5 fusion, including an assistant surgeon and vascular surgical support. This review is for a postoperative request of a lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Off the shelf lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 9, 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Back Brace, postoperative (fusion)

Decision rationale: Based on California ACOEM Guidelines, the request for lumbar bracing cannot be supported as medically necessary. ACOEM Guidelines do not recommend the use of lumbar braces as they have not been shown to have any lasting benefit beyond the acute phase of the symptom relief. The Official Disability Guidelines do not recommend the use of bracing following lumbar fusion in the setting of a one level procedure. There are no clinical records indicating the lumbar surgical process has occurred or that additional lumbar levels were fused. Based upon the surgical request and the ACOEM and Official Disability Guidelines, the request for off the shelf lumbar bracing would not be supported as medically necessary.