

<b>Case Number:</b>	CM14-0164433		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	07/11/2008
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 subspecialty 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:

According to the records made available for review, this is a 57-year-old male with a 7/11/08 date of injury. At the time (9/30/14) of request for authorization for LSO Brace for Post Surgery Support, there is documentation of subjective (severe low back pain and hip pain with associated numbness down the left leg and into the left great toe) and objective (decreased lumbar range of motion, pain with lumbar lateral extension, decreased sensation over the right medial calf and left medial calf and dorsum of the foot, 4/5 strength with left great toe extension and left ankle dorsiflexion, and positive straight leg raise test on the left) findings, current diagnoses (lumbar spinal stenosis, lumbar intervertebral disc disorder with myelopathy, and lumbosacral radiculitis), and treatment to date (physical modalities, epidural steroid injections, and medication). Medical reports identify certification of a left L5-S1 laminotomy/foraminotomy and L4-5 bilateral laminotomy/foraminotomy on 10/6/14. There is no documentation of a pending lumbar fusion surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO Brace for Post Surgery Support:** Upheld

**Claims Administrator 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 - Lumbar and Thoracic (Acute and Chronic)

**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, Lumbar Support; and Back Brace, post operative (fusion)

**Decision rationale:** MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. ODG identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. ODG also notes that post operative (fusion) back brace is under study, but given the lack of evidence supporting the use of these devices, a standard brace following lumbar fusion surgery would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. Within the medical information available for review, there is documentation of diagnoses of lumbar spinal stenosis, lumbar intervertebral disc disorder with myelopathy, and lumbosacral radiculitis. However, despite documentation of a pending left L5-S1 laminotomy /foraminotomy and L4-5 bilateral laminotomy/foraminotomy that has been certified/authorized on 10/6/14, there is no documentation of a pending lumbar fusion surgery. Therefore, based on guidelines and a review of the evidence, the request for LSO brace for post surgery support is not medically necessary.