MAXIMUS Federal Services

| Case Number: | CM14-0022320 | | |
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| Date Assigned: | 02/26/2014 | Date of Injury: | 04/21/2010 |
| Decision Date: | 06/12/2014 | UR Denial Date: | 02/07/2014 |
| Priority: | Standard | Application Received: | 02/21/2014 |

## 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 52-year-old male with date of injury of 04/21/2010. Unfortunately, progress report from 01/10/2014 that contains the request for lumbar spine bracing is missing on this file other than peer review report from 02/06/2014. Other reports were from December 2013 and prior. Per most recent report, 12/10/2013, patient presents with headaches, intermittent neck pain (7/10), low back pain (5/10) with radiation down to both lower extremities, numbness and tingling, as well spasms. Current medications include Soma, Anaprox, topical cream, and patches and has had approximately 20 sessions of aquatic therapy and approximately 20 sessions of physical therapy and currently doing home exercise. Examination shows that the patient ambulates with a single-point cane but no examination of lumbar spine is provided. The listed diagnoses are status post L5-S1 anterior/posterior fusion with pseudoarthrosis and the posterior hardware 2011, cervical spine spondylosis with right upper extremity radicular pain, bilateral lower extremity radicular pain, bilateral hand and wrist sprain/strain, rule out carpal tunnel syndrome, left inguinal hernia, bilateral foot sprain/strain, stress, anxiety, depression, and bilateral upper extremity radiculopathy. Treatment recommendation was that the patient has failed with non-operative treatments including epidural steroid injection, and recommendation was MRI film of the C-spine. 02/06/2014 report is a peer-to-peer discussion regarding request for authorization and posterior approach removal of the interspinous or exploration of fusion with possible reinstrumentation and decompression at L5-S1.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**STANDARD LUMBAR SPINE BRACE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301 and 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Support Section

**Decision rationale:** This patient presents with chronic low back pain with a distant history of lumbar fusion. The current request is really for exploration and hardware removal of the lumbar spine per discussion, utilization review letter 02/07/2014. With the surgical request, the treating physician has asked for standard lumbar brace. There was apparently a discussion between the utilization reviewer and Dr. [redacted], the requesting physician. Another lumbar fusion was not going to take place with the surgery, therefore, lumbar bracing was not recommended. ACOEM Guidelines do not support use of lumbar supports except for cases of instability and fractures. The Official Disability Guidelines (ODG) also do not recommend standard lumbar bracing except for fractures, spondylolisthesis, dislocations. Following fusion surgery, traditionally, it has been used. But, in this case, as discussed in utilization review letter, lumbar fusion is not going to be done but rather exploration and hardware removal. The request is not medically necessary or appropriate.