

<b>Case Number:</b>	CM14-0023235		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	10/24/2009
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 and Pain Management, 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:

The patient is a 54 year old female with an injury date of 10/24/09. Based on the 02/05/14 progress report provided by [REDACTED] the patient complains of left sided back pain with muscle spasms. Her lumbar range of motion has decreased and she has tenderness in her left paraspinals and quadratus lumborum. The patient's diagnoses include the following: 1. Discogenic low back pain 2. Status post artificial disc replacement L2-L5 on February 5, 2013. [REDACTED] is requesting for an airform back brace. The utilization review determination being challenged is dated 02/13/14. The rationale was that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. [REDACTED] is the requesting provider, and he provided treatment reports from 09/09/13- 04/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AIRFORM BACK BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 298-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- Treatment for Workers' Compensation (TWC), lumbar supports:([http://www.odg-twc.com/odgtwc/low\\_back.htm#Lumbarsupports](http://www.odg-twc.com/odgtwc/low_back.htm#Lumbarsupports)).

**Decision rationale:** According to the 02/05/14 report by [REDACTED], the patient presents with discogenic low back pain and status post artificial disc replacement L2-L5 on February 5, 2013. The request is for an airform back brace. ACOEM Guidelines page 301 states, "Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief." Page 9 of ACOEM Guidelines also states "the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." ODG Guidelines also states that it is not recommended for prevention and for treatment. It is an option for fracture, spondylolisthesis, documented instability, and for nonspecific low back pain (very low quality evidence.) For post-operative use following surgery, ODG recognizes the tradition of back bracing but states that this is based on logic that predates internal fixation. If used, ODG recommends standard bracing rather than custom. In this patient, lumbar disc replacement is from a year ago and do not require lumbar bracing for post-op care. Given the lack of ACOEM and ODG Guidelines support for use of lumbar bracing, the request is not medically necessary and appropriate.