

<b>Case Number:</b>	CM14-0029073		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	06/10/2011
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 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 42 year old male who was injured on 06/11/2011 when he fell on his back while he was carrying a bucket with gravel. The diagnostic studies reviewed include an MRI of the pelvis without contrast on 02/13/2014 revealed bilateral mild sacroiliac joint degenerative disease. An MRI of the lumbar spine on the same date showed disc desiccation at the L4-L5 and S1 levels; right disc herniation at the L5-S1 level effacing the anterior epidural fat and resulting in overall moderate spinal canal stenosis. There is also disc osteophyte and mild facet arthropathy changes causing mild to moderate foraminal stenosis. At the L4-L5 level, there is also disc bulging and mild facet arthropathy changes with borderline spinal canal stenosis. The MRI is compared to a prior study of 08/03/12, performed at Hilltop Imaging and Diagnostic Center and there appears to be no improvement in the disc herniation at L5-S1. The patient underwent EMG and nerve conduction velocity studies of the lower extremities on 12/02/2013 which reportedly revealed findings consistent with chronic bilateral S1 radiculopathy which correspond with the patient's symptoms. On SOAP note dated 03/18/2014, the patient complained of pain with associated weakness in the right foot and numbness of the right calf, right leg and right foot. He reported the pain is constant. He rated his pain as a 6/10. His activities of daily living are limited because of his pain. The objective findings on exam revealed the patient to ambulate without an assistive device. The lumbar spine revealed range of motion exhibits forward flexion to 50 degrees, extension to 20 degrees, and side bending to 20 degrees and 20 degrees to the left. His rotation is limited. He also had tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. There is sciatic notch tenderness and positive lumbar facet loading maneuver bilaterally. Straight leg raise test is positive bilaterally. Motor strength is 5/5. Sensation is diminished bilaterally at L5 and S1 dermatomes of her lower extremities. The diagnosis is lumbar intervertebral disc without myelopathy. The plan included

conservative treatment for low back pain. Neurosurgical report dated 02/17/2014 reports the patient presented with ongoing low back pain and radicular right leg pain. The diagnostic impressions are a large intervertebral disc herniation, L5-S1 on the right, with right S1 radiculopathy confirmed on EMG, intervertebral disc herniation, L4-L5 sacroilitis and radiculopathy. The treatment and plan included a bilateral laminotomy and foraminotomy for nerve root decompression at the L4-5 and L5-S1 levels combined with discectomy and posterior interbody fusion with implantation of fusion cages and posterior instrumentation with interspinous fixation devices and posterolateral fusion to stabilize the spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**POST-OPERATIVE BACK BRACE/SPLINT OR SUPPORT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Support.

**Decision rationale:** The medical records submitted and reviewed do not indicate the patient has been scheduled for lumbar surgical intervention. As this request is for a post-operative back brace, an operation would be one of the main criteria that must be met in order to establish the medical necessity of the requested treatment. As such, the requested post-operative back brace/splint or support is not medically necessary.