

<b>Case Number:</b>	CM14-0043154		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/24/2008
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 55-year-old male who sustained work-related injuries on December 24, 2008. The x-rays of the spine performed on February 3, 2014 indicate conversion from grade 2 to 3 consistent with unstable L5-S1 spondylolisthesis on flexion-extension with bilateral pars defects. Electromyographic studies performed on February 12, 2014 indicate left L5-S1 nerve root irritation, acute and chronic, left plantar sensory nerve crush injury, and left tibial motor nerve crush injury. Per most recent records provided dated February 19, 2014, the injured worker presented concern regarding ability to return to gainful employment following his surgery which was addressed by his treating provider including specific benefits, risks, hazards, and post-operative follow up. On examination, range of motion was limited. The seated straight leg raising test result was 80 degrees on the right and 70 degrees on the left. There was diminished left heel walking, toe walking, and heel-to-toe raising noted. A mild left foot drop secondary to crush injury was also noted. His gait was broad-based. His knee reflexes were 1-2. The right ankle reflex was 1 while reflex was absent on the left. The sensory examination was consistent with complex pain syndrome on the left in the area of the nerve crush injury and ankle fracture with the dermatomal loss, greater on the left than right, on the L4-L5 and S1 dermatomes. Motor loss was noted in the major groups of the left ankle, knee, and foot. A request was made for global arthrodesis L5-S1 with possible inclusion of L4 L5. He is diagnosed with (a) Grade 2 spondylolisthesis with bilateral pars fracture defect converting to Grade 3 on flexion-extension, unstable with confirmed left side greater than right radiculopathy associated with foraminal impingement; (b) compensatory L4-5 rotoscoliosis and mild retrolisthesis; (c) complex regional pain syndrome, left calf and ankle secondary to electromyographic documented left tibial motor and left plantar sensory nerve crush injury; (d) left metatarsal fracture 2, 3, and 4 with chronic pain and sensory loss with open reduction internal fixation; (e) ankle pain status post distal

fibular fracture with diminished ankle range of motion and associated foot drop; (f) left knee internal derangement work up pending; (g) left calf, foot and ankle skin ulcers, now healed with disfigurement scar tissue with possible superficial nerve entrapment; and (h) bilateral hip trochanteric bursitis.

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

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

**Lumbar back brace purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 301, 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12 Edition (web), 2014, Back-Bone growth stimulator (BSG); Back, Lumbar brace; Knee and left, continuous-flow cryotherapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar supports Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Back brace, post operative (fusion).

**Decision rationale:** This injured worker's medical records indicate that the requested lumbar back brace purchase is to be used following lumbar spine fusion. In this case, evidence-based guidelines indicate that there is no specific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion. The guidelines further indicate that mobilization after instrumented fusion is logically better for health of the adjacent segments and that routine use of back brace is harmful as to this principle. Due to lack of supporting evidence regarding back bracing following a fusion surgery and the fact that it may bring more harm to adjacent levels, the medical necessity of the requested lumbar back brace purchase is not established.