

<b>Case Number:</b>	CM14-0046102		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/28/2007
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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:

This patient is a 65-year-old male who reported a work related injury on 03/28/2007. The mechanism of injury reportedly occurred due to squatting. His diagnoses were noted to consist of lumbar radiculopathy. His prior treatment was noted to include physical therapy, medication, and activity modification. His diagnostic studies were noted to include an MRI of the lumbar spine without contrast on 11/11/2013, which was noted to reveal postoperative laminectomy at L5. There was right posterolateral scar tissue in the thecal sac and minimally encroaching upon the right S1 nerve root in the lateral recess. There were circumferential bulging discs at L1-2 with mild to moderate, central, lateral recess, and foraminal stenosis without direct nerve root impingement. Desiccated circumferential bulging discs and prominent broad based disc protrusion was noted at L2-3 resulting in severe central, lateral recess, and moderate bilateral foraminal stenosis. His surgical history was noted to include a right L5-S1 microdiscectomy on 03/18/2008 with relief of his low back and right leg pain and return to work. He was noted to have a re-injure on 09/30/2013. Per clinical note dated 01/10/2014, it was noted the patient had low back pain with right leg pain since 09/30/2013 and has now worked since 10/04/2013. On physical examination of the lumbar spine, the patient was not tender to palpation. There was decreased range of motion. Strength was 5/5 in the bilateral lower extremities. Sensation was noted to be intact throughout. Deep tendon reflexes were 2+, equal, and symmetric in the bilateral lower extremities. Straight leg raise was negative bilaterally. His current medications were not provided for review. The treatment plan consisted of a postoperative TLSO brace. The rationale for the request is postoperative support. A Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative TLSO 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: Low Back Chapter

**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, Back Brace, Post-operative (fusion)

**Decision rationale:** The request for a post-operative TLSO brace is not medically necessary. The Official Disability Guidelines state post-operative back braces are under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom postoperative brace, if any, depending on the experience and expertise of the treating physician. There is conflicting evidence, so case by case recommendations are necessary. Within the documentation provided for review, there was no evidence that the surgical procedure was approved. Therefore, the request for post-operative TLSO brace is not medically necessary.