

<b>Case Number:</b>	CM14-0047893		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/11/2010
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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:

According to the records made available for review, this is a 47-year-old male with a 5/11/10 date of injury and status post left-sided hemilaminectomy re-do, L4-5, with re-do discectomy of L4-5 on 10/2/12. At the time (3/10/14) of the request for authorization for lumbar back brace (purchase), there is documentation of subjective (intractable back pain with left lower extremity radicular pain) and objective (focally tender at L4-5 and L5-S1, motor strength testing is 5/5 with the exception of left tibialis anterior which is 4/5) findings, current diagnoses (postlaminectomy syndrome lumbar region), and treatment to date (conservative care and pain management). In addition, there is documentation of a request for lumbar fusion. There is no documentation that surgery has been authorized.

### 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 Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 03/18/2014) Back Brace, post operative (fusion).

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

**Decision rationale:** MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. ODG identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. ODG also notes that post operative back brace is under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. Within the medical information available for review, there is documentation of diagnoses of postlaminectomy syndrome lumbar region. In addition, there is documentation of a request for lumbar fusion. However, there is no documentation that surgery has been authorized. Therefore, based on guidelines and a review of the evidence, the request for Lumbar Back Brace (purchase) is not medically necessary.