

<b>Case Number:</b>	CM14-0063189		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/30/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Emergency Medicine 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:

Patient has reported date of injury on 12/30/2012. Mechanism of injury is described as a slip and fall. The patient has a diagnosis of L5-S1 disc herniation with radiculopathy. Pre-operative note states that pt has complains of low back pains radiating to R leg and foot. Pain is 9/10 and there is also neck and mid back pains. Objective exam reveals antalgic gait, abnormal R toe walk. Palpation to paraspinal muscles in thoracic and lumbar region. Spasms noted on R side. Limited range of motion especially with extension due to pain. Decreased sensation to L5 dermatome on R side. Normal strength and reflexes. Negative sciatic nerve compression test. Appeals letter dates on 4/23/14 for several modifications and denials in prior UR including request for a back brace. As per letter, it states that the procedure is an open R sided L5-S1 discectomy with a potential need for laminectomy for visualization and decompression of nerve root. The author believes that a back brace is indicated according to The Medical Disability Advisor, 5th Edition, volume 1, pg 1282.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Op Lumbar Back Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**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 and Thoracic, Back brace post operative(fusion).

**Decision rationale:** Appeals letter dates on 4/23/14 for several modifications and denials in prior UR including request for a back brace. As per letter, it states that the procedure is an open R sided L5-S1 discectomy with a potential need for laminectomy for visualization and decompression of nerve root. The author believes that a back brace is indicated according to The Medical Disability Advisor, 5th Edition, volume 1, pg 1282. MTUS Chronic pain guidelines and ACOEM guidelines do not adequately have any information on this topic therefore Official Disability Guidelines(ODG) was used for determination. As per MTUS hierarchy of evidence, Official Disability Guidelines(ODG) takes precedence over other guidelines such as The Medical Disability Advisor as quoted by the requesting provider. The ODG states that post-operative back braces have little evidence to support use. There is little evidence of benefit and some for harm. Review of outside guidelines from other surgical institutions do not recommend back braces or corsets even during cases of laminectomy. It appears to a preference of the surgeon and not based on evidence. Since MTUS recommendations are based on Evidence Based Medicine and ODG does not recommend back brace, the request for a post-operative back brace is not medically necessary.