

Case Number:	CM14-0068060		
Date Assigned:	07/11/2014	Date of Injury:	05/25/2002
Decision Date:	09/09/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and Nevada. 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 was injured on 05/25/02 due to a "significant altercation" during his employment as a correctional officer. The injured worker has undergone seven total spinal surgeries involving the cervical, thoracic and lumbar areas. The injured worker is status post anterior cervical disc fusion , C4-7, with C6 corpectomy and posterior spinal fusion (PSF) C3-7 in 2004, post re-entry PSF C4-7 in 2005, post T8-9 interbody fusion and post lumbar fusion at L1-L5 with postoperative infection and hardware removal. The injured worker was approved for a transforaminal posterior interbody fusion and laminectomy at T10 to T11, bone morphogenetic protein (BMP) and possible iliac crest bone graft (ICBG) on 03/07/14. Records do not reveal whether this eighth surgery has been performed. A separate request for a laminectomy at T11-12 and T12-L1 has also been submitted and approved. This request included a request for a low profile lumbar brace, which was denied by utilization review (UR) dated 04/24/14. The rationale for the determination states, "A low profile lumbar brace would not protect this level of surgery and the provider has also indicated that no brace is in fact requested or necessary." An IMR request for the low profile lumbar brace was submitted and signed on behalf of the injured worker by his attorney on 05/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low lumbar 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 for thoracic and lumbar spine.

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 & Thoracic Chapter, Back brace, post-operative (fusion) section.

Decision rationale: The request for a low lumbar brace is not recommended as medically necessary. Records indicate a previous reviewer spoke with the treating provider and it was determined the low lumbar brace was not needed. The injured worker has been approved for surgical intervention at the levels T10 through L1. A low lumbar brace is designed to support the lumbar spine rather than the thoracic spine and is not indicated as necessary to aide in the recovery of the proposed surgeries. The Official Disability Guidelines (ODG) state the use of a back brace post fusion is under study. ODG also notes, "There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease." As such, medical necessity for a low lumbar brace is not established.