

<b>Case Number:</b>	CM14-0191462		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Spine Surgery, and is licensed to practice in Texas. 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 34-year-old male who reported an injury on 06/04/2013. The mechanism of injury was not provided. He is diagnosed with lumbar spondylosis with myelopathy. His past treatments were noted to include medications and surgery. His surgical history was noted to include arthrodesis L4-5, L4 laminectomy and bilateral Smith-Petersen osteotomy performed on 10/27/2014. On 11/11/2014, the injured worker reported constant back pain. On the physical examination, it was noted that his incision was healing very nicely. His current medications were noted to include oxycodone 10 mg every 6 hours and Dilaudid and fentanyl patches; the frequencies and dosages were not provided for those medications. The treatment plan included a refill of medications and a 3 month follow-up with x-rays to be done. A request was received for a custom LSO brace for use after fusion; however, the rationale for the request was not provided. A Request for Authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom LSO brace for use after Fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ([http://www.odg-twc.com/odgtwc/low\\_back.htm](http://www.odg-twc.com/odgtwc/low_back.htm))

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation XOfficial Disability Guidelines (ODG) Low back, Back Brace, post-operative (fusion)

**Decision rationale:** The request for custom LSO brace for use after fusion is not medically necessary. The Official Disability Guidelines state that postoperative (fusion) back brace is under study, but given the lack of evidence supporting the use of this device, a standard brace would be preferred over a custom postop brace. There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. The request is for a custom brace; therefore, the request is not supported by the guidelines, as the guidelines recommend a standard brace. As such, the request for custom LSO brace for use after fusion is not medically necessary.