

<b>Case Number:</b>	CM14-0215302		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	02/18/2009
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39-year-old female who reported injury on 02/18/2009. The mechanism of injury was not provided for review. Her diagnoses include status post lumbar fusion, pseudoarthrosis and persistent lumbar radiculopathy. Past treatments included medication, surgery, TENS unit, lumbar support and physical therapy. The injured worker's pertinent surgical history included L5-S1 posterior and anterior fusion on 05/15/2012. Her relevant medications included hydrocodone, tramadol and cyclobenzaprine. On 12/03/2014, the injured worker complained of low back pain rated 9/10. The physical examination revealed tenderness to the lumbar spine with limited range of motion marked with pain, a positive straight leg raise and an unchanged neurologic examination. The treatment plan included a request for back brace to provide stability. A Request for Authorization form was received on 11/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO Back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 support.

**Decision rationale:** The request for an LSO back brace is not medically necessary. According to the Official Disability Guidelines, lumbar supports are not recommended for prevention; however, it is indicated as an option for compression fractures and specific treatments in spondylolisthesis, with documented instability and for treatment of nonspecific low back pain as a conservative option. Furthermore, the guidelines indicate that it is under study for postoperative use and a standard brace would be preferred over a custom postoperative brace. More specifically, the guidelines indicate that mobilization after instrumented fusion is logically better for the health of adjacent segments and routine use of back braces are harmful to this principle. The injured worker was indicated to be undergoing an L5-S1 fusion revision on 12/05/2014. However, the guidelines do not support the use of lumbar braces, as they are indicated to be harmful and restrict mobilization. In addition, there was lack of documentation to indicate the patient would be needing a back brace for the treatment of compressed fractures or the treatment of spondylolisthesis. There was also lack of documented instability to justify the request. In addition, the documentation failed to provide a clear rationale to indicate medical necessity for a lumbar support brace, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.