

Case Number:	CM14-0059239		
Date Assigned:	07/09/2014	Date of Injury:	03/28/2007
Decision Date:	04/08/2015	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/29/2014

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 65 year old man sustained an industrial injury on 3/28/2007 to his low back and right leg while torquing bolts. Treatment has included oral medications and surgical intervention. Physician notes dated 3/3/2014 show complaints of low back pain and right leg pain that the worker feels is getting worse. Recommendations, after reviewing the CT myelogram, are for further surgical intervention. On 4/18/2014, Utilization Review evaluated a prescription for a post-operative thoracic, lumbar, sacral orthotic brace, that was submitted on 4/26/2014. The UR physician noted that since the requested surgical procedure is denied, the post-operative requests are also denied. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TLSO Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic, Back Brace, postoperative.

Decision rationale: There is lack of evidence supporting the use postoperative back braces. A standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. There is conflicting evidence, so case by case recommendations are necessary (few studies though lack of harm and standard of care). There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. In this case the surgical procedure has not been authorized. Therefore, post-operative equipment is not necessary. The request for the TLSO brace is not authorized.