

<b>Case Number:</b>	CM15-0100194		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 53-year-old female who sustained an industrial injury on 6/20/12, relative to a slip and fall. The 12/24/14 lumbar spine MRI impression documented a moderate to severe left and moderate right neuroforaminal narrowing and moderate spondylosis at L5/S1 due to a 3 medial meniscus broad-based posterior disc protrusion. She underwent L5-S1 transforaminal and posterior lumbar decompression and fusion on 3/19/15. The 4/13/15 orthopaedic surgery report cited persistent grade 5/10 lower back pain, with frequent radiation of pain into both legs. Pain had significantly improved and she had been able to increase her activities of daily living. She was using a walker for ambulation. She had been using a soft lumbar brace that was uncomfortable but provided some relief. Pain was better with rest and medications. Lumbar spine exam documented well-healed incision, no signs of infection, normal bilateral lower extremity strength, and intact sensation. X-rays were obtained and demonstrated lumbar hardware in good position with no changes. The treatment plan recommended continued lumbar strengthening and initiation of physical therapy. A more rigid lumbar corset brace was recommended to help with her pain. Authorization was requested for a rigid lumbar corset brace. The 4/29/15 utilization review modified the request for a rigid lumbar corset brace to a standard off-the-shelf lumbar brace consistent with guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Rigid Lumbar Corset Brace: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Current Edition (web), current year, Low Back Chapter, Back Brace, post-operative (fusion).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic: Back brace, post operative (fusion).

**Decision rationale:** The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines state that the use of post-operative back braces is under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace. The use of a standard lumbar support in the post-operative period for pain control is reasonable and supported by guidelines. A soft lumbar brace has been reported as not fully effective for pain control. The use of a rigid lumbar corset brace would be consistent with guidelines in the post-operative period for pain control and construct support. Therefore, this request is medically necessary.