

Case Number:	CM15-0032461		
Date Assigned:	02/25/2015	Date of Injury:	07/05/2012
Decision Date:	04/10/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/20/2015

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: Minnesota, Florida
 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 7/05/2012. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included medications and injections. Magnetic resonance imaging (MRI) report of the lumbar spine dated 12/30/2013 revealed L3-4 and L4-5 mild central canal stenosis due to disc bulging and facet arthropathy, L5-S1 mild disc space narrowing posteriorly, facet arthropathy and mild bilateral foraminal narrowing. Currently, the IW complains of low back pain with radicular pain in her lower extremities. Objective findings included tenderness to the lumbosacral junction and bilateral flank regions with paravertebral muscle spasms. There is tenderness to the sacroiliac joints and buttocks. Range of motion is restricted and there are paresthesias in the distribution of the bilateral L4/L5/S1 regions. There is tenderness over the sciatic nerves bilaterally down to the calves. Lumbar laminectomy and discectomy at L4-5 and L5-S1 has been advised. On 2/20/2015, Utilization Review non-certified a request for purchase of a back brace noting that the clinical findings do not support the medical necessity of the treatment. The ODG was cited. On 2/20/2015, the injured worker submitted an application for IMR for review of post-op DME purchase - back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op back 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 (ODG), Treatment Index, Low Back, 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 ODG: Section: Low Back, Topic: Back brace, post-operative.

Decision rationale: California MTUS guidelines indicate that lumbar supports have not shown to have any lasting benefit beyond the acute phase of symptom relief. ODG guidelines recommend lumbar supports as an option for compression fractures and specific treatment for spondylolisthesis, documented instability, and for treatment of nonspecific low back pain with very low-quality evidence. It is under study for postoperative use. Given the lack of evidence supporting the use of these devices, a standard brace is preferred over a custom postop brace and there is no evidence of improved fusion rates after a lumbosacral fusion using a brace. In fact, mobilization is better for health of the spine and routine use of back braces is harmful. The injured worker is not having a fusion done and as such, the guidelines do not support use of a lumbar brace. The medical necessity of the requested post-op back brace is therefore not established.