

<b>Case Number:</b>	CM14-0121245		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/11/2006
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 48-year-old gentleman was reportedly injured on September 11, 2006. The mechanism of injury is noted as lowering boxes from overhead. The most recent progress note, dated July 25, 2014, indicates that there are ongoing complaints of low back pain and left wrist pain. The injured employee is status post a lumbar spine hardware removal from May 2014 and states that his back pain is improving. The physical examination demonstrated ambulation with the assistance of a cane. There was decreased spasm and tenderness along the lumbar spine paravertebral muscles and increased range of motion. There was a positive Phalen's test of the left wrist with decreased sensation in the C6 and C7 dermatomal distributions. Tenderness was noted at the dorsal aspect of the left wrist. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a lumbar spine transforaminal arthrodesis at L4 - L5 and L5 - S1, a partial carpectomy at L4, L5, and S1, physical therapy, a hardware injection, epidural steroid injections, and hardware removal. A request had been made for an LSO back brace for postoperative use and was non-certified in the pre-authorization process on July 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO back brace, post-operative (lumbar spine hardware removal): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar spine

**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, Back Brace, Postoperative, Fusion, Updated August 22, 2014

**Decision rationale:** According to the Official Disability Guidelines, use of a post-operative back brace after fusion 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, if any, depending on the experience and expertise of the treating physician. The attached medical record indicates that the injured employee had a removal of lumbar spine hardware in May 2014. There was not a new fusion or other procedure performed on that date. Considering this, the request for an LSO back brace post-op after a lumbar spine hardware removal is not medically necessary.