

Case Number:	CM14-0145641		
Date Assigned:	09/12/2014	Date of Injury:	02/12/2014
Decision Date:	10/15/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/10/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in California. 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:

According to the records made available for review, this is a 45-year-old male with a 2/12/14 date of injury. At the time (8/12/14) of Decision for Aspen LSO Lumbar Brace (Custom), there is documentation of subjective (low back pain radiation to the lower extremities) and objective (tenderness to palpation over the lumbar spine, decreased range of motion, and decreased lower extremity strength) findings, current diagnoses (recurrent disc herniation at L5-S1 and spondylolisthesis with bilateral pars defect), and treatment to date (medications and a previous decompression/discectomy). Medical reports identify that a request for transforaminal interbody fusion at L5-S1 has been authorized/certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspen LSO Lumbar Brace (Custom): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter

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 Support; and Back Brace, post operative (fusion)

Decision rationale: MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. ODG identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. ODG also notes that post operative back brace 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. Within the medical information available for review, there is documentation of diagnoses of recurrent disc herniation at L5-S1 and spondylolisthesis with bilateral pars defect. In addition, there is documentation of an associated request for transforaminal interbody fusion at L5-S1 that has been authorized/certified. However, there is no documentation of a rationale identifying the medical necessity of a custom lumbar brace. Therefore, based on guidelines and a review of the evidence, the request for Aspen LSO Lumbar Brace (Custom) is not medically necessary.