

Case Number:	CM14-0147271		
Date Assigned:	09/15/2014	Date of Injury:	09/09/2010
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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 patient is a 43-year old male who sustained an industrial injury on 9/9/2010, to the left foot. Mechanism of injury is not provided. He began treating for a low back complaint as compensatory injury, and underwent lumbar fusion in February 2013. He was diagnosed with failed fusion and underwent second fusion surgery on 5/9/2014 with posterior lumbar decompression with resection of Gill fragment and bilateral neural foraminotomies, L5-S1, exploration of fusion L5-S1, autogenous local bone grafting, posterolateral non-instrumented fusion with autogenous bone, repair of dural tear. There is indication of separate industrial injury claim involving the cervical spine. A prior peer review dated 8/12/2014 document s peer to peer discussion was achieved regarding the request. The patient had been given the replacement Aspen support on 7/28/2014; four months post revision surgery with grafting and plating. The patient was using a walker and was starting physical therapy. The peer review modified the request for Aspen lumbar support brace on retro-review, to allow a generic lumbar support brace. The 7/28/2014 progress report indicates the patient returns, now 2.5 months out from revision lumbar decompression. He has not had significant improvement in his back and sciatica. He has been walking as directed. He has been wearing his brace, which is worn. Examination documents walks with normal gait using walker, tenderness, well healing incision, lumbar ROM 75% of normal due to pain, intact sensation, 5/5 motor strength bilaterally, and 1+ left ankle reflex. X-rays show interbody device, anterior plate instrumentation well positioned, unchanged. Patient is dispensed a new Aspen lumbar support as the old one is worn. Diagnoses are spondylolisthesis, lumbar spinal stenosis, and sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 request for an Aspen lumbar support brace: 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 (ODG) web Low Back back Brace

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, Lumbar supports & Back brace, post operative (fusion)

Decision rationale: According to the ODG, back brace/corset may be an option in certain settings, such as for compression fractures and specific treatment of spondylolisthesis or documented instability, which is not the case of this patient. Supports are also understudy for post-operative use following lumbar fusion. The guidelines state that 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. Although there is a lack of data on outcomes, there may be a tradition in spine surgery of using a brace post-fusion, but this tradition may be based on logic that antedated internal fixation, which now makes the use of a brace questionable. This patient underwent revision lumbar L5-S1 fusion with instrumentation on 5/20/2014. He is several months post-op, and x-rays are consistent with healing fusion. Mobilization after instrumented fusion is logically better for health of adjacent segments, and routine use of back braces is harmful to this principle. Therefore, 1 request for an Aspen lumbar support brace is not medically necessary.