

Case Number:	CM14-0186707		
Date Assigned:	11/14/2014	Date of Injury:	10/02/2001
Decision Date:	12/16/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/10/2014

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 & Rehabilitation 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:

This 52 year-old patient sustained an injury on 10/2/2001 while employed by T [REDACTED]. Request under consideration includes Lumbo-sacral Orthosis. Diagnoses include status post (s/p) L4-S1 lumbar fusion in 2007 and s/p ankle ligament reconstruction from a fall in 2011. Conservative care has included medications, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, acupuncture, and modified activities/rest. Medications list Flexeril, Ibuprofen, Lyrica, and Omeprazole. Report of 10/21/14 from the provider noted the patient with chronic ongoing low back pain rated at 8-9/10. Exam showed unchanged antalgic gait; lumbosacral tenderness; and positive straight leg raise (SLR). CT scan of the lumbar spine on 8/1/14 showed L3-4 disc degeneration/ protrusion and L4-S1 post-operative changes. It was noted the patient was scheduled for right ankle surgery on 11/14/14. The request for lumbo-sacral Orthosis was non-certified on 10/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbo-sacral Orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308.

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, Back brace, page 372

Decision rationale: Submitted reports have not demonstrated indication of post-op complications, instability, compression fracture, or spondylolisthesis precautions to warrant a back brace for post-surgical back care. Reports have not adequately demonstrated the medical indication for the back brace. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for a back brace is not medically necessary. CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In addition, ODG states that lumbar orthosis are under study due to a lack of evidence and scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. It can be conferred that prolonged immobilization may result in debilitation and stiffness in long bone fractures and if the same principles apply to uncomplicated spinal fusion with instrumentation, it may be that the immobilization is actually harmful. Mobilization after instrumented fusion is recommended for health of adjacent segments except in special circumstance of multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, and mid-lumbar fractures, etc., in which some external immobilization might be desirable; however, it has not been demonstrated in this case with criteria not met. The lumbo-sacral orthosis is not medically necessary and appropriate.