

<b>Case Number:</b>	CM14-0152411		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	11/30/2008
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 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 is a 27-year-old male with an 11/30/2008 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 9/16/14 noted subjective complaints of back pain, and numbness of the left leg and hip. Objective findings included a normal gait and midline lumbosacral tenderness. The patient has been approved for lumbar fusion surgery. Diagnostic Impression: degeneration of the lumbosacral disc with unstable lumbosacral joints. Treatment to Date: medication management, ESI, and home exercise. A UR decision dated 9/18/14 denied the request for a custom-made back brace. There is no documentation of altered size or shape that would require this custom brace. A prefabricated brace would be equally effective. It also denied home health services for 2-3 weeks. The need and duration of a home health aide cannot be assessed pre operatively. The evaluation of the claimant after the surgery would be indicated to determine the need for home assistance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom-made back brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 chapter

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. However, Official Disability Guidelines (ODG) states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (LBP) as a conservative option. This patient has been approved for lumbar spinal fusion. However, ODG states that back supports for post-surgical use in the setting of lumbar fusion is currently under study. There is no clear evidence to support its use. Additionally, there is no documentation as to why this patient would need a custom-made back brace. Therefore, the request for a Custom-made back brace was not medically necessary.

**home health services for 2 -3 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; Home health services

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) states that home health services are recommended only for otherwise recommended medical treatment for patients who are home bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. This patient is soon to undergo lumbar fusion surgery. However, there is no indication that the patient will need to be home bound post-surgically. Before, the surgery has actually taken place, it is difficult to assess how much, if any, home health services would be necessary, as well as for what time period. Therefore, the request for home health services for 2-3 weeks was not medically necessary.