

Case Number:	CM14-0158190		
Date Assigned:	10/01/2014	Date of Injury:	03/18/2010
Decision Date:	01/02/2015	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/26/2014

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 Spine Surgery 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 injured worker is a 49-year-old female who reported an injury due to heavy lifting on 03/18/2010. On 08/06/2014, her diagnoses included L5-S1 disc herniation with left greater than right lower extremity radiculopathy. Her complaints included low back pain radiating to the lower extremities. Upon examination, the lumbar paraspinals were tender to palpation with spasms. Flexion, which caused more pain than extension, was measured at 50 degrees. Extension was at 20 degrees. She had a positive straight leg raising test on the left. X-rays taken that day revealed disc space narrowing at L5-S1 with mild spondylosis at L2-3 and L3-4, greatest at L5-S1. There was no spondylolysis or spondylolisthesis. There were no severe degenerative changes. A review of an MRI from 05/21/2014 revealed disc desiccation throughout the lumbar spine. There were slight disc protrusions at L2-3, L3-4, and L4-5 without stenosis. There was a large disc herniation at L5-S1 causing mild central lateral recess stenosis. There was mild neural foraminal stenosis as well. There was no evidence of instability, spondylolysis, or spondylolisthesis. It was noted that she had a history of nonsurgical treatments including rest, therapy, medication, and epidural steroid injections. The recommendation was for a bilateral discectomy at L5-S1. There was also a request for a TLSO brace to protect and stabilize the spine postoperatively. A Request for Authorization dated 08/06/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

TLSO brace purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Lumbar Supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Back brace, post-operative (fusion).

Decision rationale: The request for TLSO brace purchase is not medically necessary. The California ACOEM Guidelines note that lumbar supports are not recommended for all acute lumbar spine disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines note that postoperative 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 postop brace, if any, depending on the experience and expertise of the treating physician. There was conflicting evidence, so case by case recommendations are necessary. There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. The guidelines do not support this request. There is no evidence that the proposed surgery has taken place. Additionally, no size was specified in the request. Furthermore, there was no frequency of use included. Therefore, this request for TLSO brace purchase is not medically necessary.