Case Number:	CM15-0012684		
Date Assigned:	01/30/2015	**Date of Injury:**	12/12/2001
Decision Date:	03/19/2015	**UR Denial Date:**	12/23/2014
Priority:	Standard	**Application Received:**	01/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 51 year old male, who sustained an industrial injury on 12/12/2001. He has reported low back injury after lifting a rail anchor weighing over a hundred pounds into a pickup truck. The diagnoses have included lumbar myoligamentous injury and bilateral lower extremity radiculopathy. Treatment to date has included medications, diagnostics, bracing, lumbar epidural injections, surgery, spinal cord stimulator, and physical therapy. Surgeries were laminectomy and diskectomy with fusion 3/6/12 and, diagnostic pedicle screw hardware block 12/4/14.Currently, the injured worker complains of constant severe pain of lumbosacral spine. The pain is aggravated by twisting, turning and bending activities. There is radiation of pain to bilateral extremities with weakness. He continues to walk with a cane for support. Physical exam revealed restricted range of motion at endpoints with no sensory deficits and slight weakness to left lower extremity. The bone scan revealed increased activity at L3 in area of the screws. The Computed Tomography (CT) scan demonstrated that there were bridging bones suggesting that the fusion was solid. Recommendation was that metal be removed and postoperative back brace. He was to continue with modified activities within pain tolerance.On 12/23/14 Utilization Review non-certified a request for postoperative back brace, noting that postoperative back brace cannot be supported given this is a solidly fused spine and unnecessary. The (MTUS) Medical Treatment Utilization Schedule guidelines and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 9,298,301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low back section, Lumbar supports

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, lumbar spine brace is not medically necessary. Lumbar supports are not shown to have lasting benefit beyond the acute phase of symptom relief. The guidelines do not recommend lumbar supports for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability and for treatment of nonspecific low back pain (very low-quality evidence but may be a conservative option). In this case, the injured worker's working diagnoses are lumbar degenerative disc disease; status post IDET/nucleoplasty decompression at L4 - L5 (November 14, 2002); status post right carpal tunnel release; spinal cord stimulator placement November 2005; right lateral epicondylitis; medication induced constipation; L4 - L5 PLIF March 6, 2012 subsequent removal of hardware and extension of fusion at L2 - L3 September 2013; left medial meniscus tear status post arthroscopy October 10, 2012; and medication induced gastritis. The documentation indicates injured worker has an operative intervention March 6, 2012 with a lumbar decompression and fusion L4 - S1. A second operative Intervention took place September 19th 2013 in the form of hardware removal at the L4 - S1 level with extension of fusion from L2 - L3 through L5. The documentation does not contain evidence of instability at the surgical site or at the lumbosacral spine overlying the site of surgery. On August 25, 2014, the injured worker had a CAT scan of lumbar spine that showed an intact fusion. Lumbar supports are not shown to have lasting benefit beyond the acute phase of symptom relief. Additionally, the Official Disability Guidelines do not recommend lumbar supports or prevention. The guidelines recommend lumbar supports for compression fractures and specific treatment of spondylolisthesis or documented instability. There was no instability documented in the medical record. Consequently, absent clinical documentation in support of a lumbar brace with lumbar spine instability, lumbar spine brace is not medically necessary.