

Case Number:	CM14-0100364		
Date Assigned:	07/30/2014	Date of Injury:	04/18/2013
Decision Date:	09/26/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational Medicine 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:

Per the records provided, this is a 31-year-old female who was injured on April 18, 2013. She was injured when walking to a fax machine room. The left foot went under a strap, causing her to trip. To avoid falling, she jumped jamming her low back. She immediately had pain. She was diagnosed with acquired spondylolisthesis. There was persistent lumbar spine pain and she tried conservative care including physical therapy, injections and medicine. On exam, the patient had decreased range of motion with a positive straight leg raise test bilaterally with decreased motor strength and sensation bilaterally. As of June 12, 2014, there was low back pain that radiated to her coccyx and bilateral lower extremities. The patient had weakness four out of five on her extensor hallucis longus bilaterally. The MRI of the lumbar spine from April 22, 2013 showed that L4-L5 was normal, but at L5-S1 there was a posterior and left lateral disc protrusion which measured 8.1 mm times 5.1 mm displacing the left S1 root with mild to moderate canal stenosis. There was mention of a previous laminectomy and discectomy but there was no evidence in the records that this was done. There was mention of a past lumbar epidural steroid injection and physical therapy. She was treating with yoga and daily stretches and exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE LUMBAR SPINE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, back braces post surgery.

Decision rationale: The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Regarding post-surgical back brace, the ODG notes in the back section "There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease." As noted by the initial reviewer, it is not clear that surgery was done. Moreover, if it were done, the ODG notes that with modern surgical techniques, back braces post surgery are not truly needed for structure support due to the strength and integrity of the intra-operative equipment. Therefore, the request for postoperative lumbar spine brace is not medically necessary and appropriate.