

Case Number:	CM14-0147065		
Date Assigned:	09/15/2014	Date of Injury:	05/15/2004
Decision Date:	10/21/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/10/2014

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 Internal 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:

The injured worker is a 68-year-old female who reported an injury on 05/15/2008 who sustained injuries to her lower back when she slipped and fell. The injured worker's treatment history included epidural steroid injections, surgery, x-rays of the lumbar spine, physical therapy, medications, and MRI studies. It was documented on 07/15/2014, the injured worker had underwent a complete discectomy at L4-5 and L5-S1 with placement of anterior interbody fusion cages at L4-5 and L5-1 (L5-S1 as well as posterior spinal fusion at L4-5 and L5-1 (L5-S1?) with pedicle screw fixation). The provider noted the injured worker recovered very quickly from the surgery and was being discharged to an extended care facility in good condition. Discharge instructions included limited activity with no bending, lifting, or twisting. Within her discharge instructions she was to wear her brace whenever she was up and out of bed to help remind her of her activity restrictions. Diagnoses included degenerative disc disease (lumbar), hypertension, cancer, thyroid disease, and injury to the lumbar spine. The Request for Authorization dated 07/16/2014 was for a spinal brace. The rationale for the back brace was for to remind the injured worker of her activity restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Treatment Index, 11th Edition (web), 2013, Low Back Chapter, Back Brace, Post-operative (fusion)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Back Brace, post-operative (fusion).

Decision rationale: The request for a spinal brace is not medically necessary. According to the Official Disability Guidelines (ODG), a back brace, postoperative (fusion) is under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. There is conflicting evidence, so case by case recommendations are necessary (few studies though lack of harm and standard of care). There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. Although there is a lack of data on outcomes, there may be a tradition in spine surgery of using a brace post-fusion, but this tradition may be based on logic that antedated internal fixation, which now makes the use of a brace questionable. For long bone fractures prolonged immobilization may result in debilitation and stiffness; 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 logically better for health of adjacent segments, and routine use of back braces is harmful to this principle. There may be special circumstances (multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, mid-lumbar fractures, etc.) in which some external immobilization might be desirable. The injured worker underwent a fusion at the L4-5 and L5-S1 levels with instrumentation on 07/15/2014. A request was submitted on 07/16/2014 for a lumbar spinal brace to be used at all times when the injured worker was out of bed. However, the guidelines do not support immobilization or the use of a back brace for postoperative treatment following a fusion with instrumentation. There is insufficient evidence to establish the medical necessity of a spinal brace at this time. As such, the request for a lumbar spinal brace is not medically necessary.