

<b>Case Number:</b>	CM14-0173508		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Physical Medicine & Rehabilitation 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 43 year-old patient sustained an injury on 1/21/13 while employed. Request(s) under consideration include DME- LSO back support. Diagnoses include lumbar strain/sprain/ radiculopathy/ discogenic changes and foraminal stenosis status post (s/p) lumbar L4-5 bilateral laminar foraminotomies and microdiscectomies with fusion at L5-S1 on 8/28/14. There is past medical history of hypertension, hyperlipidemia, GERD, and umbilical hernia. Medications list Cyclobenzaprine, Tramadol, Sumatriptan, Ranitidine, Acetaminophen, Nasonex nasal spray, Omeprazole, Lisinopril, and Atorvastation. Report of 8/28/14 noted the patient's pain is well controlled on a PCA pump. Urine Drug Screening (UDS) dated 8/5/14 noted inconsistent results of negative prescribed Cyclobenzaprine. Hand-written illegible report of 9/15/14 noted patient s/p lumbar sacral surgery with pain, soreness, and aches. The exam showed flex/ext of 5/2 degrees and ambulates with walker. Treatment included continued pain medications PRN, x-rays, physical therapy treatment 6 weeks and Rx. Flexeril and Norco. The request(s) for DME- LSO back support was non-certified on 10/7/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: LSO back support:** 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)

**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, Back Brace, page 372

**Decision rationale:** CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In addition, Official Disability Guidelines (ODG) states that lumbar orthosis are under study due to a lack of evidence and scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. It can be conferred that prolonged immobilization may result in debilitation and stiffness in long bone fractures. In addition, 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 recommended for health of adjacent segments except in special circumstance of multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, and mid-lumbar fractures, etc. In which, some external immobilization might be desirable; however, has not been demonstrated in this case with criteria not met. Therefore, the request for a DME- LSO back support is not medically necessary and appropriate.