

<b>Case Number:</b>	CM13-0025495		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and 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 physician 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 patient is a 50-year-old male who reported an injury on 09/20/2012 with the mechanism of injury being the patient had a 30-pound beam fall and hit his head. The patient was noted to have decreased range of motion in the lumbar spine as well as the cervical spine. The diagnostic impressions were noted to include cervical myoligamentous sprain/strain, cervical disc herniation at C5-6 and C6-7, cervical radiculopathy, thoracic myoligamentous sprain/strain, lumbar discogenic disease, lumbar facet arthropathy, and lumbar radiculopathy. The request was made for One (1) Aspen Summit Back Brace (Purchase).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**purchase of one aspen summit back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) Guidelines recommend the use of a corset for prevention of low back pain in an occupational setting. The patient was noted have flexion of fingertips to mid shin, extension of

10 degrees with secondary pain, bilateral lateral bending of 15 degrees, and rotation of 40 degrees. The patient was noted to have tenderness diffusely throughout the lower lumbar segments and in the lower lumbar facets bilaterally. The straight leg raise was noted to be positive bilaterally left slightly greater than right and the Lasegue's test on the left was positive. The clinical documentation, while indicating the patient had low back pain, indicated the patient was not working. Additionally, the prolonged use of a lumbar spine brace can lead to deconditioning. Given the above and the lack of documented exceptional factors to warrant non-adherence to Guideline recommendations, the request for One (1) Aspen Summit Back Brace (Purchase) is not medically necessary.