

<b>Case Number:</b>	CM13-0060480		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/10/2011
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 52 year old male with a date of injury on 3/10/2011. Patient has been treated for ongoing complaints to the cervical spine, lumbar spine and subclavian thrombosis. Subjective complaints include neck pain radiating to right arm, and low back pain with radiation to left thigh. Physical exam in relation to the lumbar spine shows decreased lumbar range of motion, mild tenderness over lumbar spine, with normal strength, sensation, and reflexes. Lumbar MRI showed L3-S1 degenerative changes. Patient has never had surgery on his lumbar spine. Diagnosis is of lumbar strain, cumulative trauma. Medications include valium and Ambien. Treatments have included chiropractic care and physical therapy. Medical documentation does not indicate any acute injury to the lumbar spine or recent acute exacerbation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of an Aspen back brace-lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139, 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There was no clinical documentation submitted that demonstrated evidence of why a back brace would be efficacious for this patient at this point in treatment. There is no evidence of new acute injury or acute exacerbation or his chronic low back complaints. Since lumbar support is only indicated in the acute phase of injury or surgery, this patient does not qualify due to the chronic nature of the complaints. Therefore, the medical necessity of an Aspen back brace is not established.