

<b>Case Number:</b>	CM14-0007846		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	10/16/2009
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 51-year-old female with an injury date of 10/16/09. Based on the 12/10/13 progress report provided by the provider, the patient complains of pain in the cervical, thoracic, and lumbar spine. There is loss in range of motion with myospasm and numbness. There is pain and spasm palpated in the taut muscles of the cervical, thoracic, and lumbar spine. The patient's diagnoses include the following: epicondylitis, rotator cuff syndrome, tendinitis, myofascial syndrome, and stress/anxiety depression. The provider is requesting for the purchase of an aspen back brace. The utilization review determination being challenged is dated 01/09/14. The rationale was that the patient had no documentation of a compression fracture, spondylolisthesis or documented instability. The provider is the requesting provider, and he provided treatment reports from 01/14/13- 01/03/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE ASPEN BACK BRACE, PER 12/10/13 FORM, QTY:1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar supports

**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), Lumbar supports: ([http://www.odg-twc.com/odgtwc/low\\_back.htm#Lumbarsupports](http://www.odg-twc.com/odgtwc/low_back.htm#Lumbarsupports))

**Decision rationale:** According to the 08/01/13 progress report by the provider, the patient presents with right shoulder pain radiating to her hands, neck, mid back, left elbow, and left wrist. The patient has tenderness to palpation over the supraspinatus tendon and acromioclavicular joint. The request is for purchase of the aspen back brace. The ACOEM Guidelines state that, "Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief." The ACOEM also states "the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." The Official Disability Guidelines (ODG) states that it is not recommended for prevention and for treatment. It is an option for fracture, spondylolisthesis, documented instability, and for nonspecific low back pain (very low quality evidence.) Given the lack of ACOEM and ODG guidelines support for use of lumbar bracing, the recommendation is for denial.