

<b>Case Number:</b>	CM14-0010519		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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:

The patient is a 61-year-old female who has submitted a claim for Pathologic Fracture, Thoracic Spine, secondary to Osteoporosis, associated with an industrial injury date of August 12, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of increasing upper back pain and pain near the mid-waist. She also complained of pain in the posterior shoulder region and severe mid-back pain. She denied radiculopathy, numbness, weakness, or bowel and bladder changes. On physical examination, there was a marked C-shaped thoracic kyphosis with a mild scoliotic pattern. There was compensatory lumbar lordosis as well. The patient walked with a wide-based gait. There was generalized tenderness of the mid-thoracic spine and the area near the lumbosacral junction. Extension of the spine was limited. Motor strength was 4+/5. No sensory deficits were noted. Deep tendon reflexes were symmetric and no other pathologic reflexes were noted. Treatment to date has included medications and physical therapy. Utilization review from January 13, 2014 denied the request for Spinomed IV Posture Jacket because braces/supports do not offer resolution of chronic low back pain and they do not provide long-lasting pain relief nor do they offer protection against future injuries.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DURABLE MEDICAL EQUIPMENT (DME): SPINOMED IV POSTURE JACKET:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

**Decision rationale:** According to page 301 of the ACOEM Practice Guidelines referenced by CA MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, a posture brace was requested to help with upright standing and walking. However, corroborating scientific evidence to support the use of a posture brace for the said indication was not provided and guidelines are silent regarding the use of lumbar supports for this indication. Therefore, the request for DURABLE MEDICAL EQUIPMENT (DME): SPINOMED IV POSTURE JACKET is not medically necessary.