

<b>Case Number:</b>	CM14-0129702		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	07/13/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 31-year-old male who reported an injury on 07/13/2013 caused by an unspecified mechanism. The injured worker's treatment history included medications, epidural steroid injections, MRI of the lumbar spine studies, x-rays, and EMG studies. The injured worker was evaluated on 07/09/2014. It was documented the injured worker complained of continued neck and low back pain. The injured worker had gained weight, and a lumbar brace does not fit him. The provider noted he does not walk with good posture and reported pulsation in neck. He described tightness in the left thigh, left arm pain, and was using cough medications. Objective findings include a positive straight leg raise, Patrick's test, facet loading and Spurling's, decreased sensation left hand, weakness bilateral grip, tenderness occipital nerve, and tenderness of the cervical paraspinals, upper trapezius, scapular border, and lumbar paraspinals. The injured worker's diagnosis included cervicgia, cervical radiculopathy, lumbago, lumbar radiculopathy, lumbar disc protrusion, anxiety, depression, headache, carpal tunnel syndrome, and occipital neuralgia. The Request for Authorization was not submitted for this review. The rationale for the lumbar brace was because the injured worker could no longer fit the one he currently had.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Q posture brace between 7/9/2014 and 10/5/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

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

**Decision rationale:** MTUS/ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The documents submitted on 07/09/2014 indicated the injured worker had been provided the back brace; however, the guidelines do not recommend this option as beneficial beyond the acute phase of symptom relief. In addition, it was documented the injured worker had received physical therapy sessions; however the outcome measurements were not submitted for review. There is no rationale provided to warrant the request for a lumbar back brace. Given the above, the request is not medically necessary.