

<b>Case Number:</b>	CM14-0181412		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	09/21/2010
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Family Medicine, 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:

Claimant is a 56-year-old female with date of injury September 21, 2010. Read most recent progress note September 17, 2014, which indicated the patient complained of neck and shoulder pain which is constant. Physical exam of cervical and lumbar spine showed tenderness to palpation. It was noted that this patient has failed nonsurgical treatments including oral medications and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME purchase; Spinal Q Brace:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Supports

**Decision rationale:** In regards to request for lumbar brace, as stated on CA MTUS ACOEM Low Back Chapter, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar support such as lumbosacral brace is not recommended for prevention of back pain. It may be recommended as an option for compression

fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. In this case, however, no evidence of spondylolisthesis or spinal instability was documented in the review. Moreover, the request for a back brace as part of the conservative treatment regimen is outside the initial acute phase of injury and not supported by the guidelines. The clinical indication for the use of a lumbosacral brace has not been established, therefore, the request is not medically necessary.