

<b>Case Number:</b>	CM14-0029702		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 23-year-old male with a date of injury of 03/15/2012. The listed diagnoses are lumbar disk disorder; lumbar spine sprain/strain; and cervical strain/sprain. According to the report dated 12/18/2013, the patient presents with continued cervical spine and lumbar spine pain. The patient states he is unable to move because of back pain and muscle spasms. Examination revealed limited range of motion in the cervical spine, with pain. Lumbar spine also revealed pain with limited range of motion. No further physical examination was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF ASPEN BACK BRACE:** Upheld

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

**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).

**Decision rationale:** The MTUS/ACOEM guidelines page 301 on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The Official Disability Guidelines (ODG) regarding lumbar support states,

"Not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (very low-quality evidence, but may be a conservative option)." In this case, the patient does not present with fracture, instability, or spondylolisthesis to warrant lumbar bracing. The patient does have nonspecific low back pain, but this has very low-quality evidence. The request for a purchase of an Aspen back brace is not medically necessary and appropriate.