

<b>Case Number:</b>	CM14-0038659		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/19/2006
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Occupational 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:

This is a 58-year-old male patient with a 1/9/06 date of injury. He injured himself when the elevator suddenly dropped and he fell backward. A progress report dated on 3/7/14 indicated that the patient complained of continued neck pain, stiffness and numbness in both upper extremities. His pain was aggravated when he raised his arms. Physical exam demonstrated limited range of motion in the cervical spine. There were trigger points palpated in the bilateral upper mid and lower trapezius muscles. The patient had decreased range of motion in the lumbar spine due to pain. He was diagnosed with Cervical Spondylosis and myelopathy, sprains and Strains of lumbar region, Sciatica, and Abnormality of gait. Treatment to date: medication management and TENS unit. There is documentation of a previous 4/1/14 adverse determination, based on the fact that guidelines did not recommend for treatment of lower back complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Back Brace Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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) (Low Back Chapter).

**Decision rationale:** necessary:CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, however, (ODG) Official Disability Guidelines states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific Low Back Pain (LBP) as a conservative option. The patient presented with continued pain in his neck. However, there was no documentation supporting that the patient was in an acute phase of his chronic pain. There was no evidence of compression fractures. In addition, there was no documentation of back instability such as degenerative spondylolisthesis. Therefore, the request for a Back Brace Purchase is not medically necessary and appropriate.