

<b>Case Number:</b>	CM14-0126784		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 60-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial contusion injury of March 7, 2013. In a Utilization Review report dated July 25, 2014, the claims administrator failed to approve a request for a brace of some kind apparently ordered on or around July 15, 2014. The applicant's attorney subsequently appealed. On May 9, 2014, the applicant reported 7/10 low back pain complaints. The applicant was using tramadol for pain relief. Prilosec and a 40-pound lifting limitation were also endorsed, as was lumbar MRI imaging. The remainder of the file was surveyed. It appeared that the most recent progress note on file was dated May 23, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Aspen Quick Draw Brace: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** No, the proposed Aspen QuikDraw brace was not medically necessary, medically appropriate, or indicated here. The request in question appears to represent a request for a lumbar support or lumbar brace. However, the MTUS Guideline in ACOEM Chapter 12, page 301 notes that lumbar supports are not recommended outside of the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, July 15, 2014, following an industrial injury of March 7, 2013. Introduction, selection, and/or ongoing usage of a lumbar brace/lumbar support was not indicated, per ACOEM. While it is acknowledged that the July 15, 2014 progress note and associated RFA form on which the article in question was proposed was not incorporated into the Independent Medical Review packet, the information on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.