

<b>Case Number:</b>	CM15-0146799		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	05/16/2000
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 54 year old male who sustained a work related injury May 16, 2000. According to a physician's assistants office visit notes, dated June 29, 2015, the injured worker presented with pain to his neck and back with numbness tingling spasm and fatigue. He rated his pain on average for the week, 7 out of 10, occurring frequently, lasting 2/3 of the day. Physical examination revealed; trigger points palpated in the upper and lower trapezius, splenius capitis and lumbar paraspinals bilaterally; cervical range of motion forward flexion 30 degrees, extension 40 degrees, left and right lateral bending 15 degrees; paresthesias to light touch noted in the right upper extremity on occasion; decreased sensation to light touch in the bilateral lower extremities; Spurling's test is negative, sacroiliac joint compression test negative, and Slump test positive. Diagnoses are cervical spondylosis without myelopathy; sprains and strains of neck; lumbosacral neuritis or radiculitis; myofascial pain, myositis. Treatment plan included referral to authorized orthopedic spine consultation and continue with medication. At issue, is the request for authorization for a spinal Q brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment (DME) spinal Q brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back & Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

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

**Decision rationale:** The ACOEM chapter on low back complaints and treatment recommendations states: "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." This patient has chronic ongoing low back complaints . Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore, criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.