

<b>Case Number:</b>	CM15-0183616		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	10/15/2002
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Washington, 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:

This 41 year old man sustained an industrial injury on 10-15-2002. Diagnoses include lumbar radiculitis, lumbar disc degeneration with failed lumbar spine surgery, failed neurostimulator implant, sacroiliac ligament sprain-strain, and mood adjustment disorder secondary to chronic pain. Treatment has included surgery, physical therapy, home exercise program and medications. He is not working. Physician note dated 8-13-2015 showed complaints of low back pain rated 9/10 with associated spasms, locking, bladder dysfunction, and weakness. The injured worker stated his pain was 8/10 at best within the past week. The physical examination shows trigger points noted on palpation of the lower latissimus dorsi, gluteus maximus, gluteus medius, quadratus lumborum, and trochanteric region bilaterally, and there is a negative Homan's sign bilaterally. There is limited lumbar range of motion, antalgic gait and paresthsias to light touch along medial-lateral aspect of left leg. Recommendations include spinal Q brace and follow up in four weeks. Utilization Review denied a request for spinal Q dynamic support vest on 8-24-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Q dynamic support vest (lumbar spine):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)/Lumbar supports and Other Medical Treatment Guidelines 1) Kreiner DS, et al. North American Spine Society (NASS). Diagnosis and treatment of lumbar disc herniation with radiculopathy. North American Spine Society (NASS); 2012) Kreiner DS, et al. North American Spine Society (NASS). Diagnosis and treatment of degenerative lumbar spinal stenosis. North American Spine Society (NASS); 2011. 104 p. [542 references]3) Canadian Institute of Health Economics: Toward Optimized Practice. Guideline for the evidence-informed primary care management of low back pain. Edmonton (AB): Toward Optimized Practice; 2011. 37 p. [39 references].

**Decision rationale:** A spinal Q dynamic support vest is a device designed to limit the motion of the spine. It is used in cases of vertebral fracture or in post-operative fusions, as well as a preventative measure against some progressive conditions or for work environments that have a propensity for low back injuries. The ACOEM guideline does not recommend use of a back brace or corset for treating low back pain, as its use is not supported by research based evidence. The North American Spine Society guidelines for treating lumbar spinal stenosis recommends use of a low back brace only when required for activities of daily living but notes any benefits from its use goes away as soon as the brace is removed. Although this patient does experience worsening pain on sitting and standing and there is significant impairment in most of his activities of daily living, he does not have spinal stenosis. The Official Disability Guidelines does recommend its use in this situation but notes the very low-quality evidence to support this use. Considering the known science and the patient's documented impairments and lack of successful rehabilitation, the use of this brace is an option in treating this patient at this time. Medical necessity has been established.