

<b>Case Number:</b>	CM15-0188651		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	11/19/2009
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53 year old male, who sustained an industrial injury on 11-19-09. The injured worker is being treated for lumbar post laminectomy syndrome, severe depression secondary to pain, pain in right arm, wrist and shoulder (apparently due to use of a cane), lumbar spondylosis and bilateral knee pain. (MRI) magnetic resonance imaging of lumbar spine was performed on 7-9-15. Treatment to date has included injections in knee (that did not work), oral medications Methadone 10mg, Tylenol-Codeine #4, Lorazepam and Venlafaxine, cane for ambulation and activity modifications. On 8-31-15, the injured worker reports chronic low back pain, bilateral leg pain, right upper extremity pain along with pins and needles and burning in buttocks, hamstrings and behind knees and a problem with his knees. Work status is noted to be permanent and stationary. Physical exam performed on 8-31-15 revealed difficulty walking with antalgic gait, right hand grip weakness, tenderness in right shoulder and right wrist, decreased range of motion, bilateral sacroiliac joint tenderness, slight weakness in right quadriceps and hamstrings and appears markedly distressed psychologically. On 8-31-15 a request for authorization was submitted for Aspen quickdraw pain relief arthrosis back brace. On 9-4-15 a request for Aspen quickdraw pain relief arthrosis back brace was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aspen quickdraw pain relief arthrosis back brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar supports.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** The patient presents with low back pain and bilateral leg pain. The request is for ASPEN QUICKDRAW PAIN RELIEF ARTHROSIS BACK BRACE. Physical examination to the lumbar spine on 06/17/15 revealed tenderness to palpation over the bilateral sacroiliac joint. Patient had a markedly antalgic gait and used a cane for ambulation. Per 08/31/15 Request For Authorization form, patient's diagnosis include post lam-lumbar, and chronic pain. Patient's medications, per 10/08/15 progress report include Methadone, Tylenol/Codeine No. 4, Lorazepam, and Venlafaxine. Patient is permanent and stationary. The ACOEM Guidelines, Chapter 12, Low Back Complaints, page 301 on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under the Low Back chapter on lumbar supports 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." Treater has not discussed this request. ACOEM guidelines do not recommend the use of lumbar supports beyond the acute phase and ODG guidelines only recommend them as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. Given the lack of such diagnoses, the request IS NOT medically necessary.