

<b>Case Number:</b>	CM15-0200934		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 43 year old female, who sustained an industrial injury on 9-27-13. Medical records indicate that the injured worker is undergoing treatment for headache, cervical radiculopathy, cervical sprain-strain, right rotator sprain-strain, right shoulder-elbow and wrist sprain-strain, right knee and ankle sprain-strain, lumbar radiculopathy, low back pain, thoracic spine pain and insomnia. The injured worker is currently not working. On (8-7-15) the injured worker complained of headaches, neck pain, middle back pain, low back pain, right shoulder, elbow and wrist pain and right knee and ankle pain. The low back pain radiated to the bilateral lower extremities with associated numbness and tingling. The low back pain was rated 8 out of 10 without medications and 6 out of 10 with medications on the visual analogue scale. Examination of the lumbar spine revealed tenderness to palpation over the paravertebral muscles. Treatment and evaluation to date has included medications and chiropractic treatments. The request for authorization dated 8-7-15 included a request for a lumbar back brace (Aspen Summit Back Brace). The Utilization Review documentation dated 9-15-15 non-certified the request for the lumbar back brace (Aspen Summit Back Brace).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar back brace (Aspen Summit Back Brace) purchase Qty: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back ( Lumbar and Thoracic), Lumbar Support.

**Decision rationale:** ACOEM states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG states, "Not recommended for prevention. Recommended as an option for treatment. See below for indications. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (van Duijvenbode, 2008). "ODG states for use as a treatment " Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." The patient is beyond the acute phase of treatment and the treating physician has provided no documentation of spondylolisthesis or documented instability. As such the request for lumbar back brace (Aspen Summit Back Brace) purchase Qty: 1 is not medically necessary.