

<b>Case Number:</b>	CM15-0220168		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	11/03/2014
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	11/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: Emergency 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 injured worker is a 48-year-old male, with a reported date of injury of 11-03-2014. The diagnoses include lumbar myositis, lumbar myalgia, lumbosacral radiculopathy, and lumbar spine sprain and strain. The medical report dated 10-07-2015 indicates that the injured worker complained of low back pain, rated 5-6 out of 10 without medications and 3 out of 10 with medications. The pain was aggravated by activities, and was associated with radiating pain, numbness, and tingling to both lower extremities. The physical examination showed mild distress due to pain; a guarded gait; tenderness and myospasm palpable over the bilateral paralumbar muscles; tenderness to palpation in the sciatic notches; circumscribed trigger points with positive taut bands, twitched response, positive jump sign with pressure over the bilateral paralumbar muscles; positive bilateral straight leg raise test, causing low back pain radiating to posterior thigh upon 30 degrees of right or left leg raising; positive Braggard's test bilaterally; and decreased lumbar range of motion in all planes. The injured worker was recommended to be on temporary total disability for 45 days. The diagnostic studies to date regarding the lumbar spine have not been included in the medical records provided. Treatments and evaluation to date have included physical therapy, Tramadol, Naproxen, Cyclobenzaprine, and Omeprazole. The treating physician requested aspen summit lumbar back brace and support. On 11-02-2015, Utilization Review (UR) non-certified the request for aspen summit lumbar back brace and support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aspen summit lumbar back brace/support:** Upheld

**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): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, (Acute & Chronic), Lumbar Supports.

**Decision rationale:** The requested Aspen summit lumbar back brace/support, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 301, note lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. The injured worker has radiating pain, numbness, and tingling to both lower extremities. The physical examination showed mild distress due to pain; a guarded gait; tenderness and myospasm palpable over the bilateral paralumbar muscles; tenderness to palpation in the sciatic notches; circumscribed trigger points with positive taut bands, twitched response, positive jump sign with pressure over the bilateral paralumbar muscles; positive bilateral straight leg raise test, causing low back pain radiating to posterior thigh upon 30 degrees of right or left leg raising; positive Braggard's test bilaterally; and decreased lumbar range of motion in all planes. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, Aspen summit lumbar back brace/support is not medically necessary.