

<b>Case Number:</b>	CM15-0058591		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	09/18/1997
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Orthopedic Surgery, Hand Surgery, Sports 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 36-year-old man who had a bleeding brain aneurysm and right frontal lobe infarct in 1997 for which he underwent surgery and has residual visual loss, headaches, cognitive emotional dysfunction, memory loss, depression, mood lability, insomnia and diffuse pain. Treatment has included physical therapy, acupuncture, psychotherapy, trigger point injections, narcotics, antidepressants and TENS. October 23, 2014 and November 13, 2014 pain diagrams report pain in the head, neck, chest, upper back, lower back and both lower extremities. A physician progress note dated 02/24/2015 documents the injured worker complains of headaches, neck pain and lower back pain with lower extremity symptoms. His lower back pain is rated a 5 out of 10 on the Visual Analog Scale. He has spasm and guarding at the base of the cervical spine extending into the superior nuchal line with greater occipital nerve irritability and spasm and guarding at the base of the lumbar spine. The treatment plan is for medications and a lumbar back brace. Treatment requested is for Lumbar support (██████████ Sacro Ease Back Support).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar support (██████████ Sacro Ease Back Support): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308.

**Decision rationale:** In this case, the primary problem is brain injury from a bleeding aneurysm in 1997. There is no medical support for the treatment of pain from a central nervous system injury with a lumbar support. The CA MTUS mentions such supports in the Low Back section where it is noted on page 301 there are no lasting benefits beyond the acute phase of treatment and again in the summary on page 308 where it is noted such supports are "not recommended." In this case the diffuse very longstanding symptoms documented on the patient's pain diagrams are related to the documented brain injury. There is no scientific support for the request, which is therefore the request is not medically necessary.