

<b>Case Number:</b>	CM14-0118073		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/28/2012
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 41 year old male whose date of injury is 02/28/2012. The mechanism of injury is described as a slip and fall. Treatment to date includes H-wave and medication management. Diagnoses are musculoligamentous injury cervical/lumbar spine, cervical discopathy, sleep disorder, anxiety and depression. Computed tomography myelogram of the lumbar spine dated 02/13/14 is a normal study. Note dated 05/27/14 indicates there is tenderness to palpation and muscle spasm to the cervical and lumbar paraspinals. There is limited range of motion of the cervical spine. Straight leg raising and Spurling's are negative bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aspen Summit Brace, Lumbar Brace:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar supports

**Decision rationale:** Based on the clinical information provided, the request for Aspen summit brace, lumbar brace is not recommended as medically necessary. The Official Disability

Guidelines note that cervical collars are not recommended for neck sprains and lumbar supports are not recommended for prevention of low back pain. There is no documentation of instability, spondylolisthesis or compression fracture. Lumbar computed tomography myelogram was reported as a normal study. The most recent physical examination submitted for review is from May. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines.