

<b>Case Number:</b>	CM15-0046404		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	08/23/2014
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: New York, Tennessee  
 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:

This 49-year-old male sustained a work related injury on 08/23/2014. According to a report dated 02/12/2015, the injured worker was seen for evaluation and treatment of the lumbar spine. The injured worker complained of frequent pain to the lumbar spine radiating to the left lower extremity in to the left groin region. At times he experienced numbness and a tingling sensation in to his left foot/great toes. Diagnoses included lumbar sprain/strain, L5-S1 disc protrusion and Grade I Spondylolisthesis L5-S1. Treatment plan included x-rays of the lumbar spine, request for authorization for spinal consult due to failure of conservative treatment with medications, physical therapy and lumbar epidural steroid injection, request for authorization for aspen quick draw brace, initiate Naproxen, Tramadol ER and Flexeril. A urine drug screen was obtained.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aspen Quick Draw Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back- Lumbar & thoracic, Lumbar supports.

**Decision rationale:** Aspen Quick Draw Brace is a lumbar support device. Lumbar support is not recommended for prevention. It is indicated for compression fractures and specific treatment of spondylolisthesis, and documented instability. It may be used for treatment of nonspecific LBP, but the supporting evidence is very low-quality evidence. In this case, the patient is not suffering from spondylolisthesis or compression fractures. There is no documented instability. There is no indication for lumbosacral support. The request should not be authorized.