

<b>Case Number:</b>	CM15-0064833		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Internal 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 34-year-old female, with a reported date of injury of 09/18/2014. The diagnoses include lumbar sprain/strain; lumbar radiculopathy onto the left side; lumbar stenosis; left leg/knee sprain/strain; and bilateral hip pain. Treatments to date have included an MRI of the low back, injections, back brace, oral medications, and physical therapy. The progress report dated 02/27/2015 indicates that the injured worker complained of back pain with radiation to her leg with weakness in the leg. She rated her pain 9 out of 10. She also complained of right hip pain, which was rated 5 out of 10 and left leg pain with swelling. The physical examination showed tenderness at 4, L5, and S1; no spasms or crepitus; no lumbar facet tenderness; decreased lumbar range of motion; full range of motion of the right hip; non-tender right hip; and decreased left knee range of motion. The treating physician requested an Aspen Summit Back Brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aspen Summit Back Brace Purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ACOEM 3rd edition Low back disorders (2011) <http://www.guideline.gov/content.aspx?id=38438>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses lumbar supports. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 301) states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ACOEM 3rd edition occupational medicine practice guidelines (2011) state that lumbar supports are not recommended for the treatment of low back disorders. Lumbar supports are not recommended for prevention of low back disorders. The progress report dated January 8, 2015 documented that the patient continues with pain rated 8/10 in the lower back radiating to the left buttocks with intermittent numbness/tingling in the left thigh. She is performing home exercises. Examination revealed tenderness at the lumbosacral junction, left greater than right and in the gluteal region and SI joints, tenderness in the lumbar paraspinal muscles, decreased lumbar range of motion in all planes, and an antalgic gait. Date of injury was 3/18/14. Computed tomography scan of the lumbar spine dated March 18, 2014 revealed no acute bony or articular injury. MRI magnetic resonance imaging of the lumbar spine dated June 9, 2014 revealed midline annular tear L5-S1 disc without protrusion. Degenerated L2-L3, L3-L4, and L4-L5 discs were noted. There is degenerative mild central canal stenosis at L4-L5. All lumbar nerve roots exited normally and symmetrically. The sacral roots are normal. Normal vertebral bodies. No fracture or dislocation. Medical records document a history of low back conditions. MTUS and ACOEM guidelines do not support the medical necessity of lumbar supports. Therefore, the request for Aspen Summit back brace is not medically necessary.