

<b>Case Number:</b>	CM13-0011193		
<b>Date Assigned:</b>	09/19/2013	<b>Date of Injury:</b>	08/08/2009
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Oklahoma, Texas, and 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 physician 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 patient is a 43-year-old female with a reported date of injury of 8/6/13. The patient had persistent neck pain with radiation towards both shoulder blades, 150 degrees of forward flexion and abduction in the right shoulder, internal rotation to the SI joint, cervical paraspinal muscle tenderness, painful range of motion, and a positive Spurling's on the right. She had diagnoses including history of right wrist surgery, status post right shoulder arthroscopy, C5-6 disc desiccation, and right shoulder tendinitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Q stabilize brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** The California MTUS guidelines do not address this specific issue; however, the ACOEM states short-term/brief immobilization of the cervical spine is recommended if the patient has severe cervical disk displacement, radiculopathy, cervical strain,

spinal stenosis, post-laminectomy syndrome, and/or regional neck symptoms. Within the provided documentation, the physician recommended the patient undergo physical therapy for her neck and use a scapular stabilization brace, but the rationale for the request was unclear. Therefore, the request for a Spinal Q Scapular stabilize brace is neither medically necessary nor appropriate.