

Case Number:	CM14-0043117		
Date Assigned:	06/20/2014	Date of Injury:	10/09/2013
Decision Date:	07/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/14/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 60 year old male who was injured on 10/9/13 after trying to lift a heavy object. He at first declined medical treatment, although he experienced low back pain, then he was seen by his treating physician who prescribed physical therapy, exercises, restricted duty, topical medications, and oral medications. He was diagnosed with lumbosacral strain and later degenerative disc disease. The most recent note was from 2/25/14, when the worker was seen by his orthopedic doctor complaining of ongoing low back pain after nearly 4 months of conservative treatment. He reported his low back pain was persistent but his radiculopathy pain into the legs had improved after physical therapy. He reported being recommended he go to regular duty on 10/30/13, but had been terminated then and had not been working since. The orthopedic doctor diagnosed him with lumbosacral strain and recommended conservative treatment be continued. A request was then made for a lumbar support brace on 2/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quinn Sleeq Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS 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 section, Lumbar supports.

Decision rationale: The MTUS ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG states that lumbar supports are not recommended for prevention, but may be used as an option for treatment for compression fractures, postoperatively (fusion), spondylolisthesis, documented instability, and for nonspecific low back pain (very low quality evidence but may be considered). The worker in this case, after having completed an initial course of conservative treatment following his lumbar strain and was recommended he return to full duty, he was recommended a back brace. This would be considered more preventative than treatment for the acute phase which has passed for this worker. Therefore, the Quinn Sleeq back brace is not medically necessary.