

Case Number:	CM15-0133118		
Date Assigned:	07/21/2015	Date of Injury:	07/03/2002
Decision Date:	08/24/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/09/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 65-year-old male patient, who sustained an industrial injury on 7/3/2002. The mechanism of injury was a motor vehicle accident. The diagnoses include lumbar degenerative disc disease, low back pain and lumbar facet syndrome. In a progress note dated 5/21/2015, he had complains of low back pain. Physical examination revealed lumbar tenderness and decreased range of motion; 4/5 strength in both EHL. The medications list includes soma, norco, trazodone and zoloft. He has had multiple diagnostic studies including lumbar magnetic resonance imaging dated 12/1/2014, which showed degenerative changes and foraminal disc bulge at lumbar 3-4 and 4-5; EMG/NCS dated 1/17/2006 with normal findings. He has had massage, ultrasound, TENS (transcutaneous electrical nerve stimulation) and physical therapy visits for this injury. The treating physician is requesting Quinn-Sleeq-APL lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

QUINN SLEEQ-APL Lumbar Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 298.

Decision rationale: QUINN SLEEQ-APL Lumbar Brace, Per the ACOEM guidelines "There is no evidence for the effectiveness of lumbar supports". Evidence of a recent lumbar fracture, spondylolisthesis, recent lumbar surgery or instability was not specified in the records provided. In addition, response to previous conservative therapy including physical therapy is not specified in the records provided. The medical necessity of QUINN SLEEQ-APL Lumbar Brace is not fully established for this patient.