

Case Number:	CM15-0137034		
Date Assigned:	07/27/2015	Date of Injury:	03/29/1999
Decision Date:	08/24/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/15/2015

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: 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:

The injured worker is a 55 year old male, who sustained an industrial injury on 3/29/99. He reported pain in his lower back. The injured worker was diagnosed as having post lumbar laminectomy syndrome, radiculopathy, lumbar degenerative disc disease, low back pain and spasm of muscle. Treatment to date has included Norco, OxyContin and Aspirin. As of the PR2 dated 7/7/15, the injured worker reports pain in his lower back. He rates his pain an 8.5/10 with medications and a 10/10 without medications. Objective findings include restricted lumbar range of motion, a negative straight leg raise test and lumbar paravertebral muscle spasms. The treating physician requested a 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:

1 Quinn Sleeq APL Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As per ACOEM Guidelines, lumbar supports such as Quinn Sleaf APL Back Brace have no lasting benefits beyond acute phase for symptom relief. Patient's pain is chronic. There is no rationale as to why a brace was being requested for chronic back pain. Back brace is not medically necessary. Therefore, this request is not medically necessary.