

Case Number:	CM15-0143195		
Date Assigned:	08/04/2015	Date of Injury:	06/12/2013
Decision Date:	09/01/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/23/2015

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, Indiana, New York
 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 42 year old male, who sustained an industrial injury on 6-12-2013, resulting from a motor vehicle accident. The injured worker was diagnosed as having concussion with loss of consciousness of unspecified duration and low back pain. Treatment to date has included diagnostics, physical therapy, chiropractic, and medications. Currently, the injured worker complains of neck pain and headache. Pain was rated 7 out of 10 with medications and 10 out of 10 without. Sleep quality was fair and he reported activity level increased, noting daily walks. Current medications included Restoril, Gabapentin, and Norco. Exam of the lumbar spine noted tenderness over the sacroiliac spine and restricted range of motion, but normal on flexion and extension. Sensory exam noted light touch sensation diminished over the left L5 dermatome. Spurling's test was positive. The treatment plan included a Quinn Sleep-APL lumbar brace. His work status was permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quinn Sleepq-APL lumbar 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): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Lumbar supports.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, Quinn-Sleep-APL lumbar brace is not medically necessary. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. In this case, the injured worker's working diagnoses are impressions of loss of consciousness unspecified duration; cervical pain; low back pain; shoulder pain; mood disorder; dizziness and giddiness. The date of injury is June 12, 2013. Request for authorization is July 1, 2015. According to a medical legal report dated July 29, 2015, the injured workers' subjective complaints include neck pain and low back pain. Objectively, there is tenderness to palpation over the SI joint space. There is no documentation indicating instability. The treating provider is recommending Quinn-Sleep-APL lumbar brace. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. The injury is approximately 24 months old. There is no clinical indication for a lumbar brace. Consequently, absent guideline recommendations for a lumbar support, Quinn-Sleep-APL lumbar brace is not medically necessary.