

Case Number:	CM15-0147793		
Date Assigned:	08/10/2015	Date of Injury:	02/01/2004
Decision Date:	09/09/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/29/2015

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: Preventive Medicine, Occupational 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 51 year old female who sustained an industrial injury on 02-01-04. Initial complaints and diagnoses are not available. Treatments to date include medications and lumbar epidural steroid injections. Diagnostic studies include MRIs of the lumbar spine. Current complaints include back pain radiating down from the low back into both legs rated at 6/10 with medications and 10/10 without medications. Current diagnoses include lumbar disc disorder and lumbar radiculopathy. In a progress note dated 05-08-15 the treating provider reports the plan of care as medications including Flexeril, Soma, Ambien CR, Percocet, and Neurontin, as well as a Sleeq APL brace which was provided on the date of service. The requested treatment includes a Sleeq APL 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): 298. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) - Lumbar Support (2015).

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

Decision rationale: Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short term use of a lumbar support for symptom relief. The MTUS Guidelines do not indicate that the use of a lumbar spine brace would improve function. The request for Quinn Sleeq-APL Lumbar brace is determined to not be medically necessary.