

<b>Case Number:</b>	CM15-0149769		
<b>Date Assigned:</b>	08/13/2015	<b>Date of Injury:</b>	02/11/1997
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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: Arizona, 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:

The injured worker is a 48 year old female, who sustained an industrial injury on February 11, 1997. The injured worker reported sustaining injuries to the neck and bilateral upper extremities secondary to involvement in a motor vehicle accident. The injured worker was diagnosed as having chronic pain syndrome, pain in the limb, other pain disorder related to psychological factors, and reflex sympathetic dystrophy of the upper limb. Treatment and diagnostic studies to date has included physical therapy, laboratory studies, status post spinal cord stimulator with recent battery change, status post thoracic outlet syndrome surgery, acupuncture, medication regimen, and B12 intramuscular injection. In a progress note dated June 19, 2015 the treating physician reports complaints of ongoing neck and left upper extremity pain. Examination reveals facet loading at bilateral cervical five and six, right muscle band and trigger points to the thoracic paravertebral muscles, bilateral lower peripheral neuropathy, and decreased sensation to the left lower extremity. The treating physician requested a spinal Q brace, but the documentation provided did not indicate the specific reason for the requested equipment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Q Brace, Qty 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - Posture garments.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 16 Eye Chapter Page(s): 300.

**Decision rationale:** According to the ACOEM guidelines, lumbar supports have not been shown to provided lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. The use of a back brace was not justified is not medically necessary.