

Case Number:	CM15-0161360		
Date Assigned:	08/28/2015	Date of Injury:	01/03/2003
Decision Date:	09/30/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/18/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 39 year old male who sustained an industrial injury on 1-3-2003. He reported low back pain due to heavy lifting. Diagnoses have included sciatic nerve lesion, lumbar radiculopathy, and chronic back pain, spasm of muscle and knee pain. Treatment to date has included physical therapy, injections, magnetic resonance imaging (MRI), and medication. According to the progress report dated 7-8-2015, the injured worker complained of low back pain radiating down both legs. He rated his pain as four out of ten with medications and nine out of ten without medications. Physical exam revealed the injured worker to have a moderately antalgic gait. Inspection of the lumbar spine revealed loss of normal lordosis. Lumbar range of motion was restricted. Palpation of the paravertebral muscles revealed tenderness, spasm, tight muscle bands, and trigger points. Authorization was requested for a Quinn Sleeq APL lumbar brace, but was non-certified by Utilization Review on 7-20-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 7.8.15 1 Quinn Sleeq APL lumbar brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297-298 and 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Lumbar supports.

Decision rationale: The CA MTUS provides minimal guidance concerning posture garments, but does state that there is no evidence for effectiveness of lumbar supports and prevention of back pain in the industrial setting. In addition, lumbar supports have not been shown to have long-term benefits for low back pain symptom relief. The cited ODG does not recommend lumbar supports for prevention; however, it may be an option for treatment of compression fractures and specific treatment of spondylolisthesis, documented instability, and nonspecific low back pain, although evidence is weak. Based on the most recent treating physician records available, the injured worker is not in the acute phase of treatment, nor does have documentation indicating a diagnosis of compression fracture, spondylolisthesis, or instability. Therefore, the request for Quinn Sleaf APL lumbar brace is not medically necessary and appropriate.