

Case Number:	CM15-0162367		
Date Assigned:	08/28/2015	Date of Injury:	03/06/2007
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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old male, who sustained an industrial injury on March 06, 2007. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having sciatic nerve lesion, sciatica, and lumbosacral strain. Treatment and diagnostic studies to date has included medication regimen and use of a cane. In a progress note dated June 19, 2015 the treating physician reports complaints of back pain. Examination reveals tenderness to the left iliotibial band, trigger points to the upper trapezius, semispinalis capitis, levator scapulae on the left, rhomboid, quadratus region, quadratus lumborum, and thoracolumbar paraspinal muscles, along with tenderness to the lumbar region and the lumbosacral spine bilaterally. The treating physician also noted decreased range of motion to the lumbar spine, weakness to the bilateral hips, bilateral knees, and bilateral ankles, paresthesias to the left lower leg at the lumbar four distribution, decreased sensation to the left upper, lower leg, and the left heel, positive sacroiliac joint compression testing, positive straight leg testing on the left, and positive slump testing. The treating physician requested spinal Q brace for the lumbar spine to provide alignment of the lumbar and vertebral column and help with decreased muscle spasm and irritation to the nerve roots to the lumbar region. The treating physician also noted that the brace can be worn for various time periods and will not decrease the injured worker's muscle strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q brace for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar Support.

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

Decision rationale: There is no indication of instability, compression fracture, or spondylolisthesis precautions to warrant a lumbar support beyond the acute injury phase. Reports have not adequately demonstrated the medical indication for the back brace. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This claimant is well beyond the acute phase for this chronic injury. In addition, ODG states that lumbar supports are not recommended for prevention and is under study for the treatment of nonspecific LBP and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and post-operative treatment, not demonstrated here. Per manufacturer, the Spinal-Q Brace may be used for people with poor posture, rotator cuff injuries, SLAP tears, osteoporosis or spinal conditions. It is not clear what postural support for the back and shoulder is being requested and how this DME will assist in improving the patient's pain or functional capacity. Submitted reports have not demonstrated any deteriorating clinical findings, new injury, or acute change for the postural support nor is there any specific ADL limitations that would be alleviated by these supports. The Spinal Q brace for the lumbar spine is not medically necessary and appropriate.