

Case Number:	CM15-0185997		
Date Assigned:	09/28/2015	Date of Injury:	03/29/2004
Decision Date:	11/03/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/21/2015

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 64 year old female who sustained an industrial injury on 3-9-2004. A review of medical records indicates the injured worker is being treated for degeneration of cervical intervertebral disc, fatigue, cervical disc displacement, and cervical radiculitis. Medical records dated 8-19-2015 noted neck pain, right arm pain, and left arm pain. Physical examination noted tenderness to palpation in the trapezial area. Range of motion was restricted. Treatment has included physical therapy, narcotics, anti-inflammatories, and muscle relaxers. Evaluations have included X-ray, MRI, and EMG-NCS. Utilization review form dated 8-19-2015 non-certified spinal Q postural rehab brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q postural rehab brace, Qty 1, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Aligned posture garments; Posture garments; Lumbar supports.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004,
Section(s): Initial Care, Activity Alteration.

Decision rationale: 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 for this 2004 injury. The Spinal Q postural rehab brace, Qty 1, purchase is not medically necessary.