

<b>Case Number:</b>	CM15-0192025		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	12/12/1993
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: North Carolina

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 57 year old male, who sustained an industrial-work injury on 12-12-93. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbar disc displacement, lumbosacral disc degeneration, and disorders of the sacrum. Treatment to date has included medication, diagnostics, steroid joint injections, and remote surgery (left elbow surgery on 4-24-08). MRI results were reported on 6-22-09 of the lumbar spine revealed diffuse bony disc degenerative changes, mild central canal stenosis at L2-3 and L3-4 and lateral recess narrowing at multiple levels. X-rays were reported on 10-5-10 noted severe degenerative levoscoliosis of the lumbar spine, severe degenerative and facet disease at the lower three lumbar levels. On 6-22-09, the lumbar spine had diffuse moderate to severe bony disc degenerative disease. Currently, the injured worker complains of lower back pain rated 8 out of 10 without mediations. Activity was decreased due to pain level. Sleep quality is fair. Current meds include Sonata 10 mg, Kadian 20 mg, and Nucynta 50 mg. Per the primary physician's progress report (PR-2) on 8-19-15, exam noted restricted range of motion, scoliosis, tenderness on palpation over the paravertebral muscles on both sides, and positive lumbar facet loading on the right side, steady gait and motor exam is 5- out of 5 bilaterally. Current plan of care includes back brace to wear during activity and off Kadian for cleanse and initiate Tramadol. The Request for Authorization requested service to include Purchase of Quinn Sleep-APL lumbar brace. The Utilization Review on 8-27-15 denied the request for Purchase of Quinn Sleep-APL lumbar brace, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Low Back Complaints 2004.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Purchase of Quinn Sleep-APL lumbar brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s):  
Initial Care.

**Decision rationale:** The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore, criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.