

Case Number:	CM15-0193133		
Date Assigned:	10/07/2015	Date of Injury:	09/04/2010
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/01/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 45 year old female, who sustained an industrial injury on 9-4-2010. The injured worker is undergoing treatment for: lumbosacral strain, sciatica, myofascial pain, myositis. On 9-8-15, she reported back pain. She rated the pain 8 out of 10 on average, best 7 out of 10. She described the pain as sharp, stabbing, cramping, shooting, burning, tingling, aching, dull, throbbing, and severe, and indicated that it is worsened by lying down, sitting and standing. She indicated having difficulty with activities of daily living such as walking, sitting, household chores and personal care. Physical findings revealed trigger points in the lower back region, decreased lumbar range of motion, decreased strength, intact sensation, and positive sacroiliac joint compression test. The treatment and diagnostic testing to date has included: medications, cognitive behavioral therapy, multiple physical therapy sessions. Medications have included: norco, Lidoderm, gabapentin, Eszopiclone, trazodone, omeprazole. Current work status: unclear. The request for authorization is for: spinal q-brace for the lumbar spine. The UR dated 9-22-2015: non-certified the request for spinal q-brace for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q-brace, lumbar spine per 9/8/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar supports.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Guidelines state that lumbar supports have not been shown to have any lasting benefit but may be an option for compression fracture and specific treatment of spondylolisthesis, documented instability. Based on the records reviewed, the patient does not have a diagnosis of a condition for which a lumbar back brace is recommended. The request for spinal Q-brace, lumbar spine is not medically appropriate and necessary.