

Case Number:	CM15-0195353		
Date Assigned:	10/09/2015	Date of Injury:	08/23/2007
Decision Date:	11/19/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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: 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 57 year old male who sustained an industrial injury on 8-23-07. Diagnoses are noted as lumbar musculoligamentous sprain-strain with right lower extremity radiculitis with disc protrusions, mild peripheral neuropathy bilateral lower extremities, annular tear at L2-L3 and extrusion-protrusions at L2-3, L3-4, L4-5, status post open reduction internal fixation right pelvic fracture 2007, right wrist sprain, status post wrist surgery 2008, right shoulder strain-impingement with history scapular fracture, status post shoulder surgery 2009 and 2012, cervical-trapezial musculoligamentous sprain-strain- disc protrusions, history right rib fractures and hemopneumothorax, left shoulder periscapular muscle strain and left wrist tendinitis secondary to prolonged cane use, and internal medicine complaints-deferred. In a progress report dated 8-26-15, the physician notes complaints of low back pain with radicular pain to the bilateral lower extremities. Pain is rated at 3-4 out of 10 with medication and at 8-9 out of 10 without medication. Objective exam of the lumbar spine notes moderate tenderness to palpation with muscle spasm over the paravertebral musculature, straight leg raise elicits radicular symptoms to bilateral lower extremities to the feet, range of motion is decreased on all planes, and sensation to pinprick and light touch is decreased in L5 and S1 dermatomes. Medication is Zanaflex and Neurontin. He ambulates with a cane. It is noted he is pending replacement of a Quick-draw back brace as it is one year old and worn out. A prescription-certificate of medical necessity dated 8-26-15 for a Quick-Draw brace notes the indications are to protect ligament injury, manage osteoarthritic pain-symptoms, improve coordination-proprioception, and allow-improve activities of daily living. Previous treatment includes bracing,

surgery, home exercise, medication, bilateral L4-L5 transforaminal epidural steroid injection (5-11-15), physical therapy, and chiropractic manipulation. A request for authorization is dated 8-26-15. The requested treatment of a Quick-Draw lumbar brace was non-certified on 9-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quick draw lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness.

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

Decision rationale: As per ACOEM Guidelines, lumbar supports such as Quick draw Back Brace has no lasting benefits beyond acute phase for symptom relief. Patient's pain is chronic. There is no rationale as to why a brace was being requested for chronic back pain. Lumbar brace is not medically necessary.