

Case Number:	CM15-0195462		
Date Assigned:	10/09/2015	Date of Injury:	01/13/2003
Decision Date:	11/19/2015	UR Denial Date:	09/22/2015
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: New Jersey, New York
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 55 year old female injured worker suffered an industrial injury on 1-13-2003. The diagnoses included lumbar fusion 6-24-2010, lumbar radiculopathy, lumbar post-laminectomy syndrome, low back pain and lumbar degenerative disc disease. On 9-15-2015 the treating provider reported back pain radiating to the right lower extremity and foot rated as 6 out of 10 with medication and 10 out of 10 without medication. She completed a functional rest ration program 8-2014. The quality of sleep was poor. On exam there was an impaired gait utilizing a cane for mobility. The lumbar spine range of motion was limited with tenderness, hypertonicity noted. Gaenslen's lumbar facet loading, Faber and right straight leg raise were all positive. The Utilization Review on 9-22-2015 determined non-certification for Quinn Sleep Q-APL lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quinn Sleep Q-APL lumbar brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back.

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

Decision rationale: As per the MTUS guidelines, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The patient has had lower back pain since 2003. The patient is currently out of the acute phase. The patient does not have documented musculoskeletal and neurological deficits that would benefit from a lumbar brace. She does not have signs of instability. The rationale for the use of this specific brace was not documented on in the progress notes. Therefore, the request is considered not medically necessary.