

Case Number:	CM15-0204858		
Date Assigned:	10/21/2015	Date of Injury:	04/04/2006
Decision Date:	12/03/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old female with a date of injury on 04-04-2006. The injured worker is undergoing treatment for bilateral varus osteoarthopathy-end stage, lumbar degenerative disc disease with right lumbar radiculopathy and grade 1 spondylolisthesis, L5-S1, left shoulder chronic impingement, and status post right total knee replacement. A physician progress note dated 09-15-2015 documents the injured worker complains of an increase in low back pain with radiation to her legs. There is diffuse tenderness in the lumbar area. There is positive straight leg raise. A neurosurgical consult is recommended. Treatment to date has included diagnostic studies, and medications. A Magnetic Resonance Imaging of the lumbar spine done on 05-28-2015 revealed severe canal stenosis with evident cord compression at L11-12 with progression since 2013. The Request for Authorization dated 10-06-2015 includes a neurosurgical consultation of positive lumbar decompression of the spinal stenosis, and a thoracolumbar orthosis. On 10-05-2015 Utilization Review non-certified the request for [REDACTED] S3 spinal Q thoracic-lumbosacral orthosis (TLSO) brace, purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] S3 spinal Q thoracic-lumbosacral orthosis (TLSO) brace, purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Posture garments.

Decision rationale: The claimant sustained a work injury in April 2006 while working as a caregiver and is being treated for knee, shoulder, and low back pain. She underwent a right total knee replacement in October 2014. She has insulin dependent diabetes and is overweight. An MRI of the lumbar spine in May 2015 included findings of severe thoracic spinal stenosis with progression since 2013. When seen, she was having increasing radiating low back pain. There was diffuse lumbar tenderness with positive straight leg raising. There was knee crepitus bilaterally. An [REDACTED] S3 Spinal Q TLSO was requested. Posture garments such as the Spinal Q posture brace are not recommended as a treatment for back pain. Posture garments conform to the back and shoulders as a second skin, intended to gradually reshape these areas for improved posture, athletic performance and less back pain. There are no quality published studies to support these claims. The request is not medically necessary.