

Case Number:	CM15-0205570		
Date Assigned:	10/22/2015	Date of Injury:	12/29/2014
Decision Date:	12/04/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/20/2015

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

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(n) 20 year old female, who sustained an industrial injury on 12-29-14. The injured worker was diagnosed as having lumbago and radicular low back pain into lower extremities. Subjective findings (6-8-15, 7-6-15, 8-3-15 and 8-31-15) indicated 0-3 out of 10 pain in the neck and lower back without medications. The injured worker is on modified work duty. Objective findings (6-8-15, 7-6-15, 8-3-15 and 8-31-15) revealed loss of lumbar lordosis, a positive straight leg raise test in the sitting position at 90 degrees and paravertebral muscle spasms and tenderness bilaterally. As of the PR2 dated 10-5-15, the injured worker reports neck and low back pain. She rates her pain 3 out of 10 without medications. Objective findings include loss of lumbar lordosis, a positive straight leg raise test in the sitting position at 90 degrees and paravertebral muscle spasms and tenderness bilaterally. The injured worker was placed on modified work duty. Treatment to date has included a lumbar epidural injection on 6-16-15 with almost 100% relief, physical therapy x 6 sessions, Celebrex, Gabapentin and Topamax. The Utilization Review dated 10-14-15, non-certified the request for a Quinn Sleep-APL lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Quinn Sleep - APL Lumbar brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Ed. Lumbar Supports - Sub-Acute and Chronic Low Back Pain.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Activity. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, Lumbar supports (PREVENTATIVE).

Decision rationale: The MTUS ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG states that lumbar supports are not recommended for prevention, but may be considered as an option for treatment for compression fractures, postoperatively (fusion), spondylolisthesis, documented instability, and for nonspecific low back pain (very low quality evidence but may be considered). In the case of this worker, there was no evidence of instability of the lumbar spine, fracture, or plans for surgery to warrant this request. Becoming dependent on bracing to treat low back pain is not advised. Weight loss and exercises to strengthen the lower back and core is much more helpful and should be fully implemented, as there is insufficient evidence to suggest these have been fully implemented. Therefore, this request for lumbar brace will be considered medically unnecessary.