

Case Number:	CM15-0210438		
Date Assigned:	10/29/2015	Date of Injury:	03/14/2014
Decision Date:	12/10/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/26/2015

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 38 year old male, who sustained an industrial injury on 3-14-2014. The medical records indicate that the injured worker is undergoing treatment for lumbar facet syndrome, lumbar radiculopathy, low back pain, and muscle disorder. According to the progress report dated 9-11-2015, the injured worker presented with complaints of low back pain with radiation down left leg. On a subjective pain scale, he rates his pain 10 out of 10 with and without medications. The physical examination of the lumbar spine reveals tenderness to palpation with spasm over the right paravertebral muscles, restricted range of motion, and positive lumbar facet loading and straight leg raise test on the right. The current medications are Lidocaine patch and Cymbalta. Previous diagnostic studies include electrodiagnostic testing and MRI of the lumbar spine. Treatments to date include medication management, physical therapy and TENS unit. Work status is described as modified duty. The original utilization review (9-25-2015) had non-certified a request for Quinn Sleeq APL Lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quinn Sleeq APL Lumbar brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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), Lumbar supports and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

Decision rationale: The claimant sustained a work injury in March 2014 when he fell while carrying a bucket landing on his right buttock with pain radiating into the right lower extremity. When seen in September 2015, he was having radiating back pain rated at 10/10 with or without medications. He was having difficulty sleeping. Physical examination findings included a body mass index over 28. There was restricted lumbar range of motion with positive facet loading. There was paravertebral muscle tenderness with spasms. Right straight leg raising was positive. There was sacroiliac spine tenderness. There was decreased right lower extremity strength and sensation. Requests included pool therapy and a lumbar brace was provided. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone a recent fusion. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support is not considered medically necessary.