MAXIMUS Federal Services

Case Number:	CM15-0212754		
Date Assigned:	11/02/2015	Date of Injury:	12/14/1999
Decision Date:	12/18/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/29/2015

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 York, Tennessee
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 64 year old female, who sustained an industrial injury on 12-14-99. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included status post left hemilaminectomy L5-S1 (11-1994); physical therapy; left transforaminal epidural steroid injections (12-5-07); caudal epidural steroid injections (2008) medications. Diagnostics studies included MRI lumbar spine (10-17-13). Currently, the PR-2 notes dated 10-20-15 indicated the injured worker complains of lower backache with increased left lower extremity pain. Pain level is reported as increased since last visit. The provider documents "Patient rates her pain with medications as 8 on a scale of 1 to 10. Patient rates her pain without medications as 9 on a scale of 1 to 10. No new problems or side-effects." She reports she is active for at least six hours a day, has energy to make plans for an evening and is active on the weekends. Her quality of sleep is reported as "poor" and her activity level has decreased. She reports her medications are "working well". His treatment plan is pending approval for another transforaminal lumbar epidural steroid injection for the continued radicular pain into the left lower extremity over the L5-S1 dermatome. He is also requesting Quinn Sleep-APL lumbar brace. A Request for Authorization is dated 10-29-15. A Utilization Review letter is dated 10-26-15 and non-certification for Quinn Sleep-APL lumbar brace. A request for authorization has been received for 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:

Quinn Sleep-APL lumbar brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar & thoracic: lumbar supports.

Decision rationale: Quinn Sleep-APL lumbar brace is a lumbar support device. There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies. Per ODG lumbar support is recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). In this case documentation in the medical record does not support the diagnosis of spondylolisthesis and there is no documented instability. The request is not medically necessary.