

Case Number:	CM15-0213657		
Date Assigned:	11/03/2015	Date of Injury:	02/13/2014
Decision Date:	12/14/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/30/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 49-year-old female with an industrial injury date of 02-13-2014. Medical record review indicates she is being treated for end stage osteoarthropathy left knee, status post left shoulder surgery, lumbar myofascial pain, rule out lumbar radiculopathy, cervical myofascial pain, and rule out cervical radiculopathy. She was status post left total knee arthroplasty 07- 2015. Subjective complaints (09-28-2015) included left knee pain, left shoulder pain, and low back pain with lower extremity symptoms rated as 6 out of 10. The injured worker also complained of instability of lumbar area and inquired about lumbar spine orthotics to provide stability. Work status (09-28-2015) was documented as "temporarily totally disabled for 4 weeks." Medications include ibuprofen, pantoprazole and tramadol. Prior treatments included physical therapy and medications. Objective findings (09-28-2015) included left knee and left shoulder tenderness. There was tenderness noted of the lumbar and cervical spine with range of motion. On 10-22-2015, the request for Quinn medical compressive lumbar orthosis with lateral supports was non-certified by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quinn medical compressive lumbar orthosis with lateral supports: Upheld

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

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

Decision rationale: The CA MTUS provides minimal guidance concerning posture garments, but does state that there is no evidence for effectiveness of lumbar supports and prevention of back pain in the industrial setting. In addition, lumbar supports have not been shown to have long-term benefits for low back pain symptom relief. The cited ODG does not recommend lumbar supports for prevention; however, it may be an option for treatment of compression fractures and specific treatment of spondylolisthesis, documented instability, and nonspecific low back pain, although evidence is weak. Based on the most recent treating physician records available, the injured worker is not in the acute phase of treatment, nor does she have documentation indicating a diagnosis of compression fracture, spondylolisthesis, or instability. Therefore, the request for Quinn medical compressive lumbar orthosis with lateral supports is not medically necessary and appropriate.