

Case Number:	CM15-0219209		
Date Assigned:	11/12/2015	Date of Injury:	01/20/2014
Decision Date:	12/22/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/06/2015

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: North Carolina, Georgia

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 43-year-old female, who sustained an industrial injury on 1-20-2014. Medical records indicate the worker is undergoing treatment for lumbalgia, herniated nucleus pulposus and coccygodynia-lumbar facet arthropathy. A recent progress report dated 9-28-2015, reported the injured worker complained of shoulder and low back pain rated 6-8 out of 10. Physical examination revealed negative lumbar tenderness to palpation and decreased range of motion-flexion. Right shoulder magnetic resonance imaging negative. Treatment to date has included physical therapy and medication management. The physician is requesting Spinal Q back brace XL per 9-28-15. On 10-7-2015, the Utilization Review noncertified the request for Spinal Q back brace XL per 9-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Spinal Q back brace XL per 9-28-15 order #1: Upheld

Claims Administrator guideline: The Claims Administrator 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.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods.

Decision rationale: CA MTUS addresses the use of lumbar support in the chapter on low back complaints. Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG addresses use of lumbar support in the section on Low Back and states that lumbar support may be indicated in cases of compression fracture, spondylolithesis and documented instability. In this case, the injury was over a year ago, is no longer in the acute phase of management, and there is no documentation of any compression fracture, spondylolithesis or instability. Lumbar support is not medically indicated.