

Case Number:	CM15-0087696		
Date Assigned:	05/11/2015	Date of Injury:	02/21/1993
Decision Date:	06/12/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/07/2015

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
 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 52 year old male, who sustained an industrial injury on 2/21/93. The diagnoses have included cervical pain, cervical facet arthropathy, lumbar pain, and lumbar facet arthropathy. Treatment to date has included diagnostics, acupuncture, chiropractic, physical therapy, medications, and activity modifications. Currently, as per the physician progress note dated 1/29/15, the injured worker complains of pain in the neck and low back with worsening stiffness in the neck. The pain is rated 7/10 on pain scale without medications and 4/10 on pain scale with medications. It is noted that despite the current pain treatments the pain is increasing. The pain is exacerbated with physical activity and relieved with medications. He states that the pain continues to be severe and that the neck pain also causes migraine headaches. It is noted that he has had bilateral facet blocks in the past with great results but it has been a couple of years since this was done. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine dated 2/19/09 reveals hypertrophy at the right causing neural foraminal narrowing. The thoracic Magnetic Resonance Imaging (MRI) dated 2/19/09 reveals bulge and osteophyte formation. The physical exam reveals positive facet loading, tenderness to palpation in the lumbar spine, tenderness to palpation in the cervical spine, tenderness to palpation in the trapezius muscles with positive facet loading bilaterally in the neck with severe pain. The current medications included suboxone, Nucynta and Soma. There was no previous therapy sessions noted in the records and no urine drug screen reports were noted. The physician requested treatment included one Retro spinal Q postural brace (DOS 1/29/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro spinal Q postural brace (DOS 1/29/15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Low Back: Posture Garments.

Decision rationale: Spinal Q postural brace is a commercial product claimed to aid in back pain. MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines posture garments are not recommended as a treatment for back pain. Posture garments conform to the back and shoulders as a second skin, intended to gradually reshape these areas for improved posture, athletic performance and less back pain. There are no quality published studies to support these claims. Spinal Q Postural brace is not medically necessary.