

Case Number:	CM15-0118618		
Date Assigned:	06/26/2015	Date of Injury:	02/26/2013
Decision Date:	07/28/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/19/2015

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

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:

This 53-year-old male sustained an industrial injury to the low back on 2/26/13. Magnetic resonance imaging lumbar spine (4/2013) showed multilevel stenosis. Electromyography/nerve conduction velocity test (3/2015) showed no definitive radiculopathy. Previous treatment included physical therapy, epidural steroid injections, medial branch blocks, radiofrequency ablation, trigger point injections, back brace and medications. The injured worker had been considered as a possible spinal cord stimulator candidate. In a PR-2 dated 5/13/15, the injured worker complained of low back pain rated 8/10 on the visual analog scale with radiation to bilateral legs into the feet. Physical exam was remarkable for lumbar spine with diffuse tenderness to palpation, severely limited range of motion, normal motor exam in all muscle groups, decreased deep tendon reflexes and diminished sensation to light touch along the right L5 and S1 distribution. Current diagnoses included lumbar spine spondylosis, low back pain and lumbar spine radiculopathy. The treatment plan included magnetic resonance imaging lumbar spine. On 6/2/15, a request for authorization was submitted for replacement of Quinn SLEEQ Lumbar Brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement Quinn SLEEQ Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.