

Case Number:	CM15-0119039		
Date Assigned:	06/29/2015	Date of Injury:	02/23/2009
Decision Date:	07/28/2015	UR Denial Date:	06/17/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 62 year old male with an industrial injury dated 02/23/2009. The most recent record available for review is dated 07/16/2013. His diagnoses included cervical radiculopathy, cervical disc degeneration, cervical disc disorder with myelopathy and chronic pain syndrome. He presented on this date with complaints of neck and back pain radiating all the way to his feet and rated as 8/10. He reports associated symptoms of numbness and tingling along with difficulty sleeping due to pain, anxiety and spasms. Medications give him 20%-40% relief. He reports his symptoms are worse since last visit. Physical exam noted decreased range of motion of the lumbar and cervical spine. Sensation to light touch was intact bilaterally in dermatomes cervical 5-8 and lumbar 3-sacral 1. Cervical spine revealed positive Spurling's test, sacroiliac joint compression test was positive and slump test was positive. The provider documented the injured worker had persistent pain, paresthesia's and weakness more so in the lower extremities than the upper. He also had decreased activities of daily living due to weakness and recurrent flare ups of his condition. The treatment request is for durable medical equipment - Align Med spinal Q - purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME; AlignMed spinal Q; purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Braces.

Decision rationale: Pursuant to the Official Disability Guidelines, AlignMed spinal Q for purchase is not medically necessary. The spinal Q vest is marketed for poor posture, rotator cuff injuries, slap tears, osteoporosis and spine conditions such as vertebral fracture recovery and back pain. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. DME is defined as equipment, which can withstand repeated use; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnoses are cervical radiculopathy; cervical disc degeneration; lumbosacral neuritis or radiculitis; cervical disc disorder with myelopathy; and chronic pain syndrome. The date of injury is February 23, 2009. The request for authorization is dated June 10, 2015. The most recent progress note in the medical record available for review is dated July 16, 2013. There are no contemporaneous progress notes in the medical record on or about the date of request for authorization. Utilization provider reviewed a May 15, 2015 and a June 9, 2015 progress note. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. The date of injury is greater than six years ago and lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Consequently, absent contemporary clinical documentation on or about the date of request for authorization, AlignMed spinal Q for purchase is not medically necessary.