

Case Number:	CM15-0098810		
Date Assigned:	06/01/2015	Date of Injury:	03/03/2009
Decision Date:	06/30/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old woman sustained an industrial injury on 3/3/2009. The mechanism of injury is not detailed. Evaluations include lumbosacral MRI dated 9/27/2012 and electromyogram dated 8/11/2010. Diagnoses include myoligamentous strain of the lumbar spine with radicular symptoms to the left lower extremity, lumbosacral disc herniation, lumbosacral radiculopathy, depression, and gastritis/gastroesophageal reflux disease. Treatment has included oral medications. Physician notes dated 2/18/2015 show intermittent low back pain with radiation down the left leg into the heel. Recommendations include surgical intervention which the worker is awaiting AME prior to deciding, SLEEPQ AP+ lumbosacral orthotic compression brace, topical compounded medication, continue psychiatric care, continue medication regimen, H-wave machine, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleeq AP lumbar support: 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): 138 - 139.

Decision rationale: The claimant sustained a work injury in March 2009 and continues to be treated for low back pain with left lower extremity radicular symptoms. When seen, she was having worsening symptoms. Physical examination findings included lumbar spine and left sciatic notch tenderness. There was full lumbar spine range of motion. Authorization for a SleepQ AP+ lumbosacral compression corset was requested. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone surgery. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support was therefore not medically necessary.